DOCUMENT RESUME

ED 420 937 EC 306 500

AUTHOR	Wortham, Jocelyn F.
TITLE	ADD Special Projects Grant. Final Report.
INSTITUTION	Alabama Univ., Tuscaloosa.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	1997-00-00
NOTE	111p.
CONTRACT	H029K20042
PUB TYPE	Reports - Descriptive (141) -- Tests/Questionnaires (160)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	Administrators; *Attention Deficit Disorders; Educational Strategies; *Hyperactivity; *Information Dissemination; Inservice Teacher Education; Legal Responsibility; Parent Education; Postsecondary Education; Program Implementation; Regular and Special Education Relationship; Student Evaluation; Training Methods

ABSTRACT

The purpose of this five-year project was to prepare administrators, general and special education teachers, and parents to meet the needs of children with attention deficit hyperactivity disorders (ADHD). The project developed five self-instructional ADHD inservice preparation manuals for national and state dissemination and implemented an ADHD inservice education program for general educators, special educators, administrators, and parents of children with ADHD across Alabama. Persons who completed the inservice education program returned to their respective school systems to facilitate inservice education with their colleagues and parents of children with ADHD. Incorporated into the project was a component that ensured that the inservice education preparation manuals will continuously reflect ongoing research and education best practices in their area. Specifically, the five inservice manuals were developed in the following areas: (1) general ADHD knowledge base; (2) medical issues related to children with ADHD; (3) legal issues related to ADHD; (4) school-based assessment of children with ADHD; and (5) educational interventions for children with ADHD. Appendices include a list of project staff, the original 14 school sites involved in the project, an evaluation flow chart and activities, questionnaires and pre-tests, state and national dissemination activities, and the 13 additional school sites. (CR)

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ED 420 937

ADD Special Projects Grant

Grant No. H029K20042

Programs in Special Education
The University of Alabama

Final Report

Joycelyn F. Wortham
Project Director

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Abstract

The purpose of this five-year project was to prepare administrators, general and special education teachers, and parents to meet the needs of children with attention-deficit hyperactivity disorders (ADHD). Primary goals of the project include 1) the development of five self-instructional ADHD inservice preparation manuals for national and state dissemination and 2) the implementation of ADHD inservice education to general educators, special educators, administrators, and parents of children with ADHD across Alabama. Persons who complete the inservice education program returned to their respective school systems to facilitate inservice education with their colleagues and parents of children with ADHD. Incorporated into the project was a component that ensures that the inservice education preparation manuals will continuously reflect ongoing research and educational "best practices" in this area. Specifically, the five inservice manuals were developed in the following areas: 1) general ADHD knowledge base; 2) medical issues related to serving children with ADHD; 3) legal issues related to ADHD; 4) school-based assessment of children with ADHD; and 5) educational interventions for children with ADHD. During the five-year grant period, inservice training was provided for administrators, special and general educators, counselors, and parents for the state of Alabama and nationally.

Introduction

Attention-deficit hyperactivity disorder (ADHD) is now recognized as the most common childhood neurobehavioral disorder, affecting children in early childhood, throughout their school years, and into adult life (Anastopuolos, DuPaul, & Barkley, 1991). Prevalence estimates vary considerably; ADHD may affect 3% 0 20% of the school-aged population (Abikoff, 1991; American Psychiatric Association [APA], 1987; Nussbaum & Bigler, 1990). While ADHD remains a medical diagnosis, the core symptoms of inattention, hyperactivity, and impulsivity have direct classroom implications for both those children identified as ADHD and for those educators given the task of teaching them. Providing for the educational, social/emotional/behavioral, and medical needs of these children requires a multidisciplinary approach among educators, medical personnel, and parents. As interventions for children with ADHD are best addressed within an ecological framework (Guevremont, Dupaul, & Barkley, 1990), coordinated efforts among all these groups is essential to maximizing the potential for positive long-term outcomes for individuals with ADHD.

Although both general and special educators currently serve many students with ADHD, both groups of educators have indicated that they lack expertise in teaching these children (Epstein, Singh, Luebke, & Stout, 1991: Gadow, 1998). Recent legislative mandates most likely will increase the number of students with ADHD enrolled in special education, and numerous issues regarding the practical implementation o these mandates remain unresolved (Lerner & Lerner, 1991). Medical and educational research regarding children with ADHD has been voluminous within the last decade, and as a result, the knowledge base regarding these children has increased substantially. Despite the

proliferation of research studies, many questions about the medical and educational needs of these children remain unanswered.

One primary vehicle for alleviating the lack of teacher preparation in the area of ADHD is through inservice education. Given the rapid medical research advances, legislative mandates, and the increased understanding of effective educational intervention strategies for children with ADHD, inservice education provides an avenue for the rapid utilization of information by educators. Within the next five years, as legislative mandates become clarified and educational/medical research advances, keeping abreast of changes in each of these areas will be essential if "state-of-the-art" information is to be provided to educators and parents. Consequently, teacher preparation should reflect the projected rapid expansion of medical and educational research, changes in legislation, and developments in diagnosis/assessment. Efforts to assist teachers to intervene effectively should involve a collaborative approach to problem solving an must remain sensitive to the eunique needs of the families of these children.

With these issues considered, the purpose of this project was to prepare five self-instructional inservice education manuals designed for administrators, general and special educators, and parents to assist them in meeting the needs of children with ADHD. An innovative feature of this project in the incorporation of a trainer-of-trainers" model designed to comprehensively prepare (via inservice education) a large number of school professionals across Alabama within a period of five years. The inservice manuals utilized for instruction will undergo annual revisions to reflect advances and/or changes in the areas of the general ADHD knowledge base. educational assessment, medical

research advances and interventions, legal aspects related to ADHD, and educational interventions.

As a variety of professionals will jointly serve the majority of these students, preparation in the area of multidisciplinary collaborative problem solving was provided. Collaborative problem-solving was not only included in the preparation of educators to work with professionals outside the school environment, but it was extended to address issues related to 1) working ith the parents and families of children with ADHD, and 2) assisting educators to adopt an 'in-house" collaborative problem solving approach when working with children with ADHD. Utilization of the inservice manuals enhanced the likelihood that educators outside Alabama were able to implement teacher inservice education in the area of ADHD. Manuals, along with project efficacy results, were disseminated nationally, and educators across the country had available to them a series of self-instructional inservice education preparation manuals in the area of ADHD as well.

Summary of Overall Project

The purpose of this five-year project was to prepare administrators, general and special educators, and parents to meet the needs of children with ADHD. Primary goals of the project included 1) the development of five instructional ADHD inservice preparation

manuals for national and state dissemination, and 2) the implementation of ADHD inservice education to general and special educators, administrators, and parents of children with ADHD across Alabama. Individuals who completed the training returned to their respective school systems to facilitate inservice education with their colleagues and

parents of children with ADHD. Incorporated in the project was a component that ensured that the inservice education manuals would continuously reflect ongoing research and educational "best practices" in this area.

During the first two years of the project, five self-instructional manuals were developed to reflect the current knowledge base in the area of ADHD was developed. These manuals served as an inservice tool to provide teachers, administrators, related service personnel, and parents with the information base required to provide services to children and youth identified as ADHD. Specifically, the five inservice manuals were developed in the following areas: 1) general ADHD knowledge base; 2) medical issues related to serving children with ADHD; 3) legal issues related to ADHD; 4) school-based assessment of children with ADHD; and 5) educational interventions for the child with ADHD. Infused throughout the manuals were components designed to provide participants with skills in the areas of multidisciplinary collaborative problem solving and working with the families of children with ADHD. An Advisory Committee (see Appendix A for Project Facilitate Personnel) comprised of higher education faculty members with expertise in the areas assessment, cognitive/behavioral interventions, litigation issues, along with a pediatrician, a family counselor, classroom teachers, and parents reviewed and critiqued the manuals. After the manuals were revised based on feedback from the Advisory Committee, the second phase of the project entailed field-testing the teaching inservice manuals via a series of inservice workshops in fourteen school systems across Alabama (see Appendix B for 14 school sites in Alabama). Participants in the field test group consisted of approximately 400 members.

Evaluative feedback was obtained during this field-testing and was utilized to revise the manuals accordingly (see Appendix C for Evaluation Flow Chart and Activities). Field-test evaluation consisted of both on-site evaluative feedback, on-site school visitations to provide technical assistance to those who participated, and the collection of six months follow-up evaluation data from participants. Once all of the evaluative data were collected and analyzed, the Advisory Committee was consulted and the manuals were revised as needed to include facilitators' manual. By the end of the 1993-1994 project period, final versions of the inservice education manuals were developed, and statewide dissemination activities were initiated. State dissemination activities were expanded to involve national dissemination during the 1994-1995 project period. Dissemination activities for the 1993-1994 project period are included in Appendix D.

During the third and fourth years of the project, large-scale implementation of inservce education occurred throughout all school systems in Alabama. School-based building teams, including parents of children with ADHD inservice preparation workshops and then return to their respective school systems and facilitate the inservice education process. Following these inservice education workshops, extensive evaluative data was collected from all project participants who completed the inservice education workshops. The data was analyzed and used to revise the manuals. Requests for inservice training in ADHD increased as the project continued and materials ADHD manuals were prepared for a state-wide summer conference. The administrators, special and general educators, and parents were eager to receive and participant in the training and receive the

information. Interestingly, each conference or workshop that was presented on the ADHD manuals always resulted in a mailing list of requests for manuals.

Final revisions of the inservice education manuals occurred during the fifth year of the project. After carefully evaluating feedback from inservice participants, the medical manual was eliminated and that information was combined in the intervention manual. Therefore, the final revision of the manuals consisted of 1) general knowledge base manual, 2) legal issues manual, 3) assessment manual, 4) interventions manual (some aspects of the medical manual were included in this manual), and 5) facilitators manual. The final revision of the ADHD manuals were disseminated nationally through sources such as ERIC/OSEP, national presentations, and scholarly publications. As a result of this project, not only did a large number of Alabama teachers and parents of children with ADHD in Alabama receive comprehensive preparation in the area of ADHD, but nationally, educators and parents had the opportunity of having a series of self-instrutional preparation manuals designed to assist them in addressing the needs of children with ADHD. After the final dissemination of the ADHD manuals, all remaining manuals will be sent to the Alabama State Department of Education, Division of Special Education for additional dissemination of the revised manuals both statewide and nationally.

Project Accomplishments

First Year (1992-93)

During the first year of the project, five field-test versions ofinservice education manuals in the area of ADHD were developed through the concerted efforts of Project Personnel and an Advisory Committee that will be comprised of individuals who have

specific expertise in areas directly related to ADHD. Specifically, three individuals with relevant expertise including other health impaired, learning disabilities, and emotionl/behavioral disorders were employed to write the manuals under the supervision of project co-directors, and consultation with Project in-house consultants. The Advisory Committee consisted of a number of individuals with expertise in the following areas: diagnosis; medical assessmet, diagnosis,andinterventions; education assessment; family counseling for children with ADHD; cognitive behavioral interventions; learning disabilities; and emotional/behavioral disorders. Additionally, two special education coordinators, two classroom teachers, and two parents of children with ADHD were included on the Advisory Committee to provide their invaluable feedback regarding the manuals.

Inservcie education manuals developed during the frist year of the project addressed the following topics: 1) general knowledge basein ADHD (i.e., definition, diagnosis, characteristics, prevalence, associated disorders; 2) medical issues related to ADHD (i.e., etiological considerations and psychopharmocological issues); 3) legal issues related to ADHD (status of current litigation, pertinient case law, issues related to implementation, etc.); 4) school-based assessmentof children with ADHD and: 5) educational interventions for children with ADHD (i.e., general environmental modifications, cognitive-behavioral approaches, behavioral modification approaches supported by research).

A collaborative component was infused throughout the inservice manuals to assist project participants in acquiring the knowledge base and skills needed to collaborate with a variety of professionals and with the parents of children with ADHD. For example, in

the inservice manual regarding ADHD medical issues, collaboration with the attending physicians and parents of children with ADHD were addressed. Collaborative issues that were addressed included the importance of communicating with both parents and physicians in managing and evaluating the effectiveness of psychostimulant medication.

The format of the inservice workshops utilized a trainer-of-trainer model and prepared participants to serve as facilitators within their respective school systems. Manuals were designed to provide administrators, general and special educators, and parents with the information base necessary to serve children with ADHD. Additionally, inservice manuals were self-instructional to promote the potential for widespread use. As their professional colleagues and the parents of children with ADHD complete the self-instructional manual, project participants served as consultants by providing an introduction to the manuals, coordinating small group discussions, and collecting evaluation information. The self-instructional nature of the manuals eliminated the need for the expensive, and difficult to schedule large blocks of time that would be needed to disseminate in the information large groups. This feature of the dissemination process made it more convenient to schedule inservice education for all educators and parents.

The Project Advisory Committee met early in the year to ensure an indepth understanding and scope of the project objectives. Objectives were revised and the writing of an initial draft of the inservice manuals were conducted during the first year of the project. Once initial drafts of the manuals were developed, the Advisory Committee communicated regularly to provide critical feedback regarding the drafts. Manuals were revised to reflect the feedback provided and were prepared for the field-testing which was conducted during the second year.

Second Year (1993-94)

During the second year of the project, adjustments were made in project approach. A survey was developed for administrators, educators, and parents to obtain feedback to evaluate the extent the manual content objectives were appropriate for their inservice education needs (see Appendix F for a copy of the survey). Data from this survey were used to evaluate the extent the manual drafts addressed those areas deemed most appropriate for inservice education. This additional step was added to the procedures for manual development to ensure the content validity of each manual. Pre- and post- test data indicated that there were many items that met the criteria for retention as they were written. Almost half of the knowledge base and intervention items met criteria for retention. Items in need of minor revisions were approximately 11% of the knowledge base items, 38% of the assessment items, 38% of the legal issues items and; 16% of the intervention items. Approximately, 11%, 31%, 38%, and 16% of the items for the knowledge base, assessment, legal issues and, intervention respectively (Worthington, 1995). These results were utilized to revise the instruments and manuals accordingly.

There were changes in the Project Advisory Committee to include the addition of an attorney for the American with Disabilities Advocacy Program, a specialist from the Alabama State Departmentof Education, an in-house consultant in the Department of Psychology at the University of Alabama, an educational superviosr of a school program for children with severe behavioral disorders with extensive classroom experience, and a pediatrician with extensive experience in the area of ADHD. The Project Advisory Committee continued to provide feedback to the project staff regarding each manual.

Based on feedback, manuals were revised incorporating current literature in the area of ADHD.

Third Year (1994-95)

During the third year, four of the five inservice education manuals were completed based on feedback from the Project Advisory Committee. The manuals were designed to provide parents, educators, and administrators with information that 1) addresses their collaborative roles in addressing the needs of children with ADHD; 2) provides a comprehensive review of available materials and assessment tools; 3) provides a comprehensive listing and overview of resources and services that are available for each of these groups (e.g., support groups, packaged programs, etc.); 4) addresses the needs of parents and families who have children with ADHD; 5) provides the most current information regarding propoased changes in ADHD criteria/definition; 6) provides comprehensive assessment and intervention models for children with ADHD; 7) provides a series of vignettes designed to assist participants in designing intervention programs that meet the individual needs of children with ADHD (incudes the development of IEPs and accommodation plans, as appropriate; 8) provides practical, hands-on activities and interventions (with accompanying evaluation data collection techniques that help determine the efficacy of the interventions)that are appropriate for use with children with ADHD; 9) provides guidelines and best practices for handling disruptive behavior based upon both case law and Supreme Court rulings (e.g., liability issues involved in the use of behavior management techniques, time-out, aversive techniques, social punishment, legal considerations in the use of suspension and expulsion with children with ADHD; and 10) requires that completion of the inservice education manuals be participant interactive

(i.e., participants in the inservice education must complete frequent self-checking activities that require them to master the materials presented before moving on to subsequent sections of the manuals). The completed manuals met all of the aforementioned objectives. The medical and intervention topics were combined into one manual. A Facilitator's Manual was developed to assist facilitators' in providing the inservice training. Therefore, the project still included five manuals presented in a self-instructional format.

School systems through Alabama were notified of the field-testing which took place in the summer of 1993. Over 70 schools submitted their nominations of school-based teams. This high response rate is indicative of the critical need for inservice education in the area of ADHD. A total of 150 school based team members participated in this initial summer training program. Completed manuals were field-tested in 14 elementary schools (see Appendix B for elementary schools included). There were approximately 400 participants. Field-test evaluation data included both on-site evaluative feedback from participants, on-site visitations to provide technical assistance to participants, and the collection of six months of follow-up data. Ongoing literature reviews were conducted through the year to ensure that the manual content reflected the most current knowledge base. Once evaluation data was collected and analyzed, the Project Advisory Committee was consulted to provide feedback. State-wide dissemination activities were expanded to include national dissemination. Evaluation and dissemination plans completed during this funding year are included in Appendix D).

Year Four (1995-96)

During the 1995-96 funding year, all additional field-test sites are nearing completion of the inservice education program (see Appendix E for a listing of sites). The field-test sites completed all of the manuals except the Intervention manual because the anticipated completion date for that manual was mid-October. When all manuals were completed, inservice training was held with school-based teams. Inservice training and distribution of approximately 1000 manuals have along been distributed within the state of Alabama. Administrators, educators, and parents were requesting the manuals because they were invaluable in assisting them in addressing the needs of children with ADHD. Training was ongoing and intensive with technical assistance provided when participants indicated a need in their respective school systems. Appendix I indicated the total number of inservice and conferences that were held during the 1994-95 year.

There were extensive critical changes in Project staff during this year. The Project Director, Dr. Raymond Elliott unexpectedly died and an interim project director, Dr. Joycelyn Wortham was appointed. Additionally, there was a change in the Program Associate' position because Dr. Lou Anne Worthington was employed with another agency. Therefore, Ms. Cynthia Smith was hired to fill the position of Program Associate for the project. There was a smooth transition among the project staff and activities were carried out as indicated in the aforementioned year.

Year Five (1996-97)

The final year of the project included a final revision and national dissemination of the five manuals. The manuals have undergone extensive editing and reviewing by

project staff and consultants to ensure that they contain the most update information regarding children with ADHD. Based on feedback from project participants, the manuals were designed to be more reader-friendly. Additionally, a more child-oriented cover was developed for the manuals. Currently, 500 manuals on each topic are slated to be printed. Presently, University Printing has delivered the Facilitators' Manual and the Assessment Manual. The other manuals (Intervention Manual, Legal Issues Manual, and General Knowledge Base Manual) will be delivered to University Printing. After all of the manuals are printed, national disseminaton of the manuals will begin by the beginning of the summer of 1998.

The have been modifications in the completion of the Project due to the critical loss in personnel. The project was granted an extension on two separate occasions and the end date of the project was January 31, 1998. This additional time allowed for the critical reduction in project staff (the current project staff was operating without a secretary and an additional Program Associate) to complete all revisions and editing.

Evaluation Plan

The evaluation flow chart and activities are included in Appendix C. Pretest and posttest evaluative data was analyzed and feedback was utilized to conduct the final revision of the manuals. Data analyses for the inservice program included the following:

1. Extensive descriptive information regarding the demographics of project participants. Of primary importance is the extent to of prior exposure to ADHD content may confound the results obtained regarding the project.
2. School based changes in meeting the needs of children with ADHD as a result of the project was investigated. These data were analyzed in a pretest/posttest design.

3. Examination of the extent participants perceived a need for inservice education in each of the content area objectives will be analyzed. Additionally, results were analyzed from the exit survey to determine the extent participants perceived that their original inservice needs were met by the project.

4. Item analysis, reliability, and validity were collected on the four manual content pretests and posttests. As items on these instruments are tied to key content objectives, investigation focused on determining whether specific content objectives were met and if not, these data were used to revise the manuals as needed. Additionally, results were used to revise these instruments for future inservice education data collection.

5. Differences on the four content pretests and posttests were investigated. The major focus on the content instruments was to determine if participants mastered major content objectives, data was analyzed accordingly.

6. Descriptive information regarding the extent the manuals were organized in a manner conducive to the needs of inservice education participants was collected and reported. Data form this information was used to make future revisions in the inservice education program.

7. Descriptive information regarding the extent inservice participants perceived that the project (a) encouraged school-home partnerships, (b) resulted in an overall improvement in the ways participating schools addressed the needs of children with ADHD, (c) involved parents actively in the project, (d) served as a future resource, (e) provided useful resources, materials, and agency information, and

(f) was of high caliber. Data from this information was used to make final revisions of the manuals.

8. Data regarding implementation concerns was also collected. These include (a) examining whether or not the project resulted in changes in school-based referral/identification practices, (b) school-based assessment procedures, (c) formal methods/procedures for developing Section 504 plans, (d) collaborative arrangements with outside agencies, and (e) collaborative efforts for implementing interventions for children with ADHD. These data were used to make revisions in the inservice education program.

9. Involvement of individuals outside the realm of the project requirements was investigated. Participants were asked to indicate whether or not professionals were involved in the on-going inservice education program. Initial contacts with participating field-test schools have indicated that the inservice education program in many instances becomes a community-wide effort.

APPENDIX A

Project Facilitate Staff

PROJECT FACILITATE PERSONNEL

Project Co-Directors

Dr. Raymond Elliott
Dr. Ludrick W. Linkous

Project Program Associates

Ms. Lou Anne Worthington
Mr. David Patterson

Project In-House Consultants

Dr. Mary Beirne-Smith, Learning Disabilities
Dr. William Dunlap, Emotional/Behavioral Disorders
Dr. Loreta Holder-Brown, Other Health Impaired

Project Advisory Committee

Dr. Mike Taylor, Pediatrician
Dr. Tom Vaughan, Pediatric Psychiatrist
Dr. Ronald Eaves, Assessment, Interventions
Dr. Edwin Ellis, Interventions
Dr. Ed Stevens, Attorney
Dr. Ferris Henson, Interventions
Ms. Gayle Linville, ADHD Family Counselor
Mr. Steve Klein, Parent
Ms. Jean Holderfield, Parent
Dr. Jane Searcy, Administrator
Dr. Donna Sturkie, Administrator
Ms. Cynthia Harper, Interventions
Dr. Joyce Wortham, Teacher & Educational Consultant
Ms. Rita Brown, Teacher
Ms. Benita Cahalane, Alabama State Department of Education
Dr. Paul Frick, Clinical Psychologist

Additional Assistants to the Project

Ms. Ann Marshall, Alabama Disabilities Advocacy Program
Ms. Maria Dayley, Office for Civil Rights (Atlanta Office)

Project Secretary

Ms. Dean Creel

Appendix B

Fourteen School Sites in Alabama

1993-94 Field-Test Sites

1. East Three Notch Elementary School
   Andaulusa, Alabama

2. Church Street Elementary School
   Andalusia, Alabama

3. Fyffe Elementary School
   Fyffe, Alabama

4. Bluff Park Elementary School
   Hoover, Alabama

5. Williams Avenue Elementary School
   Fort Payne, Alabama

6. Tarrant Middle School
   Tarrant, Alabama

7. Brent Elementary School
   Brent, Alabama

8. Fayette Elementary School
   Fayette, Alabama

9. Berry Elementary School
   Fayette, Alabama

10. Carrollton Elementary School
    Carrollton, Alabama

11. Reform Elementary School
    Reform, Alabama

12. Stafford Elementary School
    Tuscaloosa, Alabama

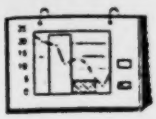
13. Forest Avenue Elementary School
    Fort Payne, Alabama

14. Tarrant Elementary School
    Tarrant, Alabama

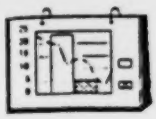
Appendix C

Evaluation Flow Chart and Activities

Figure 1.4 (continued)



Project Facilitate
Evaluation Flow Chart



	Step	Type Evaluation	Goal
Data Used to Derive Initial Manual Development	1	Initial Needs Survey (AL Educators & Parents)	Data Used to Derive Need-Based Objectives for Manual Content Inclusion; Needs Survey Developed on Extensive Literature Review (over 2,000 research abstracts completed)
	2	Project Advisory Committee Evaluation of Content Objectives	Review of Content Objectives; Data Used to Drive Manual Writing - Data collected in terms of depth, scope, flow, & technical accuracy
	3	Project Advisory Committee Annual Evaluation	Evaluation of Individual Manuals; Manuals evaluated in terms of overall quality, clarity in writing, organization, relevance, usefulness, scope and depth, utility for educators and parents, technical quality, and potential as self-instructional and group inservice education programs
Data Used to Revise Manuals Annually	4	Facilitators' Needs Survey	Data collection used to help school-based teams determine if there is a need for indepth ADHD inservice education in their schools
	5	Initial Needs and Concerns Survey	Administered to all inservice education participants; Extensive demographic data collected as well as prior exposure to ADHD inservice education; administered in pre-/post-test fashion; needs survey based on content objectives
	6	School Responsiveness Survey	Administered in pre-/post-test fashion; Data collected to determine initial responsiveness of individual schools to children with ADHD; post-test examines whether any changes occurred as a result of the inservice education
	7	Manual Content Pre- and Post-tests	All inservice education participants are required to complete a pre- and post-test for each manual; Data used to determine mastery of content objectives
	8	Participant Exit Survey	Upon completion of the inservice education, all participants complete an exit which evaluates: (a) degree to which inservice education met original need; (b) overall quality, clarity in writing, organization, relevance, usefulness, scope and depth, utility for educators and parents, technical quality, potential as self-instructional and group inservice education program; and (c) whether major content sections should be revised.
	9	Facilitators' Exit Survey	Process-oriented survey designed to identify strengths and weaknesses of the inservice education program implementation and the utility of the *Facilitators'* manual
	10	Six-Months Follow-Up Survey	All inservice education participants are required to complete six months survey after conclusion of the inservice education program; designed to measure long-term impact of the participating schools.

Figure 1.4

Project Facilitate
Evaluation and Dissemination Activities

Year 1 - Development of Five Inservice Education Manuals

* Survey of educators and parents regarding their ADHD inservice education needs; results used to guide manual content development
* Project Advisory Committee review of the proposed content objectives and manual content; evaluation data collected regarding depth, scope, flow, and technical accuracy; data used to guide manual content development
* Individual review of proposed manuals by Project Advisory Committee members; Evaluation data used to revise content as needed; when revised, manuals printed for field-testing implementation
* Recruitment of ten school-based teams for field-testing of the inservice education

Year 2 - Field-Testing of the *Project Facilitate* Inservice Education Program

* Pre- and posttest data collection in terms of number of content objectives met and attitudinal changes by total and individual schools
* Data collected in terms of quality, utility, accuracy and comprehensiveness of the manuals by total and individual participating schools
* Data collected in terms of implementation aspects of the inservice education by total and individual participating schools
* Six-month follow-up evaluation to determine quality, utility, and implementation of the inservice education (i.e., long-term impact) by total and individual participating schools
* Qualitative data collected during on-site technical assistance visits
* Review of the related literature and other sources to update manual content
* Manual revisions based on (1) participant feedback, (2) research updates, and (3) Project Advisory Committee review

Years 3 & 4 - Large Scale Implementation of *Project Facilitate*

* Same as year 2 except large-scale data collection across Alabama

State and National Dissemination of *Project Facilitate*

* Manuals disseminated to all school-based teams participating in the project
* Project activities presented at professional conferences and workshops
* Project activities presented in professional publications
* Notifications of the project sent to all state departments of education in the United States
* Project manuals sent to national clearinghouses (e.g., ERIC/OSEP)
* Notification of project activities to families, pediatricians, and social service agencies in Alabama

Determining the Need for ADHD Inservice Education Survey

I. Participant Demographic Data

A. School Code#_____ Participant Code#_____

B. Grades Served by Your School (Circle All That Apply)

K 1 2 3 4 5 6

C. Participant Role:

I currently am a(n):

___ General Educator	___ Special Educator	___ Counselor
___ Paraprofessional	___ Parent	___ Principal
___ School Psychologist	___ Coordinator	___ Other (Please Specify_____)

D. For Educators Only:

1. How many years of full-time experience in education have you had prior to this school year?

___ Less than 3 years	___ 3-6 years	___ 7-10 years
___ 11-20 years	___ 21-30 years	___ 31 or more years

2. If you are a teacher, please circle the grade level(s) to which you are currently assigned:

K 1 2 3 4 5 6

3. If you are a teacher, please indicate the subject areas to which you are assigned for the majority of the school day.

___ Art	___ Language Arts	___ Physical Education
___ Mathematics	___ Music	___ Science
___ Social Studies	___ Special Education (area:_____)	
___ Other (Please specify:_____)		

4. Have you received any preservice or inservice education in the area of Attention Deficit Hyperactivity Disorder (ADHD)?

___ Yes ___ No

If yes, please complete the following:

a. Approximate number of hours:_____

b. The quality of information presented in this (these) preservice or inservice education activities was:

___ *Exceptional.* I believe I am very prepared to meet the needs of children with ADHD.
___ *Adequate.* I believe that I have sufficient understanding of this disorder and the needs of children with ADHD.
___ *Poor.* I believe that I still need additional information in order to adequately meet the needs of children with ADHD.

5. Please identify the type of inservice education you find most convenient to your needs.

___ Weekend Sessions ___ Scheduled Teacher Inservice Days
___ After School Sessions ___ Other (Please specify:_____)

6. How long have your worked in your current employment setting:

___ Less than 3 years ___ 3-6 years ___ 7-10 years
___ 11-20 years ___ 21-30 years ___ 31 or more years

7. If you are not a teacher, please provide a *brief* description of your job responsibilities.

E. <u>For Parents Only:</u>

1. Prior to this inservice education program, please indicate the types of exposure you have had regarding ADHD (Check all that apply).

___ I am or have been an active member in a parental/professional organization that addresses the needs of children with ADHD (e.g., CH.A.D.D.)

Approximate Length of Membership: _____

If you checked this item, please indicate below the degree to which you perceive the usefulness of these organizational activities to you as a parent.

___ Very Useful ___ Somewhat Useful ___ Not Useful

___ I have attended workshops, conferences, or other inservice education programs that have addressed the needs of children with ADHD.

Approximate number of hours ____.

If you checked this item, please indicate below the degree to which you perceive the usefulness of these activities to you as a parent.

___ Very Useful ___ Somewhat Useful ___ Not Useful

___ I have attended parent training sessions or workshops directed by a counselor or a therapist.

Approximate number of hours ____.

If you checked this item, please indicate below the degree to which you perceive the usefulness of these activities to you as a parent.

2. Please briefly describe your concerns regarding the needs of children with ADHD. That is, please identify those areas which are of greatest concern to you. You may use the back of this page, if necessary.

II. School Responsiveness to Children with ADHD (Parents & Educators)

Directions: To respond to each item below, please circle the number in the right hand margin which represents, in your opinion, the most accurate response.

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
1.	Our school is meeting the needs of most students with ADHD	1	2	3	4
2.	I believe the staff in our school is very knowledgeable about the needs of students with ADHD.	1	2	3	4
3.	Our school provides opportunities for open discussion regarding the problems related to ADHD.	1	2	3	4
4.	The staff in our school treat parent opinions with respect.	1	2	3	4
5.	Parents and teachers want the same thing for students with ADHD.	1	2	3	4
6.	I believe that the majority of students with ADHD should be accommodated within general education classrooms.	1	2	3	4
7.	I believe that the majority of students with ADHD should be accommodated within special education classrooms.	1	2	3	4
8.	In our school, parents and teachers are free to express their ideas, concerns, and opinions.	1	2	3	4
9.	Teachers, staff, and parents in our school are open to change, receptive to feedback, and willing to experiment with different teaching methods.	1	2	3	4
10.	The school environment encourages a problem-solving approach to conflicts that occur.	1	2	3	4
11.	Teachers in our school provide alternative learning activities for students with different needs.	1	2	3	4
12.	Our school uses parents and community members as resources in planning and implementing school activities.	1	2	3	4

III. Broad Area of Need for Inservice Education

Please rank order, on a scale of 1 to 5, those broad areas of need which you believe are most important to you in terms of inservice educational needs (1 = most important; 5 = least important).

___ Nature and Needs of Children with ADHD
___ Assessment of Children with ADHD
___ Legal Issues Regarding the Education of Children with ADHD
___ Medications Used to Treat Children with ADHD
___ School- and Home-Based Interventions for Children with ADHD

If you have any additional concerns regarding your ADHD inservice education needs, please use the back of this page to address them.

IV. Specific Areas of ADHD Inservice Education Need

Directions: To respond to each item below, please circle the number in the right hand margin which represents, in your opinion, the most accurate response.

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
Area:	**ADHD General Knowledge Base**				
I need information regarding:					
1.	personal need for inservice education in the area of ADHD	1	2	3	4
2.	common ideas people have about ADHD	1	2	3	4
3.	what is ADHD?	1	2	3	4
4.	primary characteristics of children with ADHD	1	2	3	4
5.	secondary characteristics of children with ADHD	1	2	3	4
6.	the prevalence of ADHD	1	2	3	4
7.	current problems in ADHD research that have hampered our understanding of ADHD	1	2	3	4
8.	the causes of ADHD	1	2	3	4
9.	common ADHD myths and misperceptions	1	2	3	4
10.	the attitudes and beliefs individuals often have about children with ADHD	1	2	3	4
11.	the difficulties families may face in raising a child with ADHD	1	2	3	4
12.	the difficulties teachers may face in teaching a child with ADHD	1	2	3	4
13.	how and when to seek outside resources when I believe I am unable to adequately provide for the needs of a child with ADHD	1	2	3	4
14.	the collaborative roles of parents, educators, and significant others in working with children with ADHD	1	2	3	4
15.	resources that are available which address the needs of children with ADHD (e.g., teaching children about ADHD, good generic reading resources, support groups, etc.)	1	2	3	4
Area:	**Legal Issues and ADHD**				
I need information regarding:					
1.	basic issues regarding Federal legislation as it applies to *all* children with disabilities	1	2	3	4
2.	the Individuals with Disabilities Education Act (IDEA)	1	2	3	4
3.	Section 504 of the Rehabilitation Act of 1973	1	2	3	4
4.	the Americans with Disabilities Act (ADA)	1	2	3	4
5.	the application of the IDEA, Section 504, and the ADA to children with ADHD	1	2	3	4

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
6.	how parents and educators can advocate for children with ADHD	1	2	3	4
7.	the collaborative roles of administrators, parents, teachers, and significant others in implementing Federal legislation	1	2	3	4
8.	resources, organizations, and materials which are available to assist me in understanding Federal legislation	1	2	3	4

Area: **Assessment of Children with ADHD**

I need information regarding:

1.	personal need for inservice in ADHD assessment	1	2	3	4
2.	problematic issues in the school-based assessment of children with ADHD	1	2	3	4
3.	types of instruments have been used with the ADHD population	1	2	3	4
4.	school-based assessment approaches for children with ADHD	1	2	3	4
5.	essential questions to be answered when assessing children with ADHD	1	2	3	4
6.	types of instruments appropriate to answer the essential questions	1	2	3	4
7.	school-based models and protocols for assessing children with ADHD	1	2	3	4
8.	the collaborative roles of parents, educators, and other significant persons in the identification and assessment process	1	2	3	4
9.	ADHD assessment resources and materials that are available	1	2	3	4

Area: **ADHD Medically-Oriented Interventions**

I need information regarding:

1.	personal inservice regarding commonly-used medications for children with ADHD (e.g., types of medication, side effects, dosage considerations, etc.)	1	2	3	4
2.	medications for children with behavioral / emotional problems	1	2	3	4
3.	the use of stimulants and the child with ADHD	1	2	3	4
4.	other medications used to treat children with ADHD	1	2	3	4
5.	the monitoring of medication effects	1	2	3	4
6.	the ethical and legal concerns which surround the use of medication for children with ADHD	1	2	3	4
7.	collaborative roles of parents, educators, and physicians in the medication process	1	2	3	4

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
8.	resources which are available that address medical issues related to children with ADHD	1	2	3	4
Area:	**School- and Home-Based ADHD Interventions**				
I need information regarding:					
1.	the types of interventions appropriate for children with ADHD	1	2	3	4
2.	the need for inservice education in the area of ADHD	1	2	3	4
3.	the critical features of promising school-based programs for children with ADHD	1	2	3	4
4.	problematic issues to be considered in the ADHD intervention process	1	2	3	4
5.	the steps in designing an intervention program for children with ADHD	1	2	3	4
6.	physical environment interventions appropriate for children with ADHD	1	2	3	4
7.	academic interventions for children with ADHD	1	2	3	4
8.	behaviorally-based interventions for children with ADHD	1	2	3	4
9.	cognitive-behavioral interventions for children with ADHD	1	2	3	4
10.	the benefits and limitations of behavioral and cognitive-behavioral interventions when used with the ADHD population	1	2	3	4
11.	social skills interventions for children with ADHD	1	2	3	4
12.	self-esteem interventions for children with ADHD	1	2	3	4
13.	collaborative school-home interventions for children with ADHD	1	2	3	4
14.	illustrative accommodation plans for children with ADHD	1	2	3	4
15.	questionable school-based practices for children with ADHD	1	2	3	4
16.	interventions programs for children with ADHD and their families	1	2	3	4
17.	collaborative roles of parents, educators, and others in the intervention process	1	2	3	4

Project Facilitate
Participant Exit Survey

School Code #_____ Participant Code # _____

Date Completed: _____

Overview of the Exit Survey:

The Project Facilitate staff wishes to thank each participant who engaged in our project. Admittedly, the inservice program is a comprehensive one which required much effort on the part of participants.

This exit survey is designed to help the Project Facilitate staff in revising the ADHD inservice education program to better meet the needs of future participants. We hope that you will take the time necessary to thoughtfully and carefully respond to the survey items below. Your responses will be invaluable to us as we make needed changes in future editions of the program.

The survey is divided into five major sections. Parts A, B, C, and D are to be completed by *all* inservice participants. School-based facilitative team members are to complete Part E of the survey as well.

A. **School Responsiveness to Children with ADHD (To be Completed by Parents, Educators, & Facilitators)**

Directions: To respond to each item below, please circle the number in the right-hand margin that represents, in your opinion, the most accurate response.

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
1.	Our school is meeting the needs of most students with ADHD.	1	2	3	4
2.	I believe that the staff in our school is very knowledgeable about the needs of students with ADHD.	1	2	3	4
3.	Our school provides opportunitites for open discussion regarding the problems related to ADHD.	1	2	3	4
4.	The staff in our school treat parent opinions with respect.	1	2	3	4
5.	Parents and teachers want the same things for students with ADHD.	1	2	3	4
6.	I believe that the majority of students with ADHD should be accommodated within general education classrooms.	1	2	3	4

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
7.	I believe that the majority of students with ADHD should be accommodated within special education classrooms.	1	2	3	4
8.	In our school, parents and teachers are free to express their ideas, concerns, and opinions.	1	2	3	4
9.	Teachers, staff, and parents in our school are open to change, receptive to feedback, and willing to experiment with different teaching methods.	1	2	3	4
10.	The school environment encourages a problem-solving approach to conflicts that occur.	1	2	3	4
11.	Teachers in our school provide alternative learning activities for students with different needs.	1	2	3	4
12.	Our school uses parents and community members as resources in planning and implementing school activities.	1	2	3	4

B. Broad Area of Need for Inservice Education (To be Completed by Parents, Educators, & Facilitators)

On a scale of 1 to 4, please indicate the degree to which you believe that each of the *Project Facilitate ADHD* inservice education content manuals met your inservice education needs.

Scale: 1 = Need Well Met - That is, this content manual met my personal/professional ADHD inservice education needs very well and will be very helpful to me in the future in working with a child/children with ADHD.

2 = Need Adequately Met - That is, this content manual met my personal/professional ADHD inservice education needs adequately and will be useful to me in the future in working with a child/children with ADHD.

3 = Need Somewhat Met - That is, this content manual met *some* of my personal/professional ADHD inservice education needs but will be of limited usefulness to me in the future in working with a child/children with ADHD.

4 = Need Inadequately Met - That is, this content manual did not met most of my personal/professional ADHD inservice education needs and will be of little or no value to me in the future in working with a child/children with ADHD.

	Need Well Met	Need Adequately Met	Need Somewhat Met	Need Inadequately Met
ADHD General Knowledge Base Manual	1	2	3	4

	Need Well Met	Need Adequately Met	Need Somewhat Met	Need Inadequately Met
Legal Issues and ADHD Manual	1	2	3	4
Assessment of Children with ADHD Manual	1	2	3	4
ADHD Interventions	1	2	3	4

If you have an additional comments regarding the quality of each of the *Project Facilitate* ADHD inservice education, please provide them below. For example, what do you see as the strengths and weaknesses of this program? You may use the back of this page, if necessary, for your comments.

C. Specific Areas of ADHD Inservice Education Need (To be Completed by Educators, Parents, and Facilitators)

Directions: To respond to each item below, please circle the number in the right-hand margin that respresents, in your opinion, the most accurate response.

Content Manual: ADHD General Knowledge Base

This manual adequately addressed the following content areas:

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
1.	General need for ADHD inservice education	1	2	3	4
2.	Common ideas people have about ADHD	1	2	3	4
3.	What is ADHD?	1	2	3	4
4.	Primary characteristics of children with ADHD	1	2	3	4
5.	Secondary characteristics of children with ADHD	1	2	3	4
6.	Prevalence of ADHD	1	2	3	4
7.	Current Problems in ADHD research	1	2	3	4

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
8.	Causes of ADHD	1	2	3	4
9.	Common ADHD myths and misperceptions	1	2	3	4
10.	Attitudes and beliefs that individuals often have about children with ADHD	1	2	3	4
11.	Difficulties families may face in raising a child with ADHD	1	2	3	4
12.	Difficulties teachers may face in teaching a child with ADHD	1	2	3	4
13.	How and when to seek outside resources when I believe that I am unable to adequately provide for the needs of a child with ADHD	1	2	3	4
14.	Collaborative roles of parents, educators, and significant others when working with children with ADHD	1	2	3	4
15.	Resources that are available which address the needs of children with ADHD (e.g., teaching children about ADHD, good generic reading resources, support groups, etc.).	1	2	3	4

Content Manual: Legal Issues & ADHD

This manual adequately addressed the following content areas:

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
1.	Basic issues regarding Federal legislation as they apply to *all* children with disabilities	1	2	3	4
2.	the Individuals with Disabilities Education Act (IDEA)	1	2	3	4
3.	Section 504 of the Rehabilitation Act of 1973	1	2	3	4
4.	the Americans with Disabilities Act (ADA)	1	2	3	4
5.	the application of the IDEA, Section 504, and the ADA to children with ADHD	1	2	3	4
6.	How parents and educators can advocate for children with ADHD	1	2	3	4
7.	Collaborative roles of administrators, parents, teachers, and significant others in implementing Federal legislation	1	2	3	4
8.	Resources, organizations, and materials which are available to assist me in understanding Federal legislation for children with disabilities	1	2	3	4

Content Manual: Assessment of Children with ADHD

This manual adequately addressed the following content areas:

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
1.	Personal need for inservice in ADHD assessment	1	2	3	4
2.	Problematic issues in the school-based assessment of children with ADHD	1	2	3	4
3.	Types of instruments that have been used with the ADHD population	1	2	3	4
4.	School-based assessment approaches for children with ADHD	1	2	3	4
5.	Essential questions to be answered when assessing children with ADHD	1	2	3	4
6.	Types of instruments appropriate to answer essential ADHD assessment questions	1	2	3	4
7.	School-based models and protocols for assessing children with ADHD	1	2	3	4
8.	Collaborative roles of parents, educators, and other significant persons in the identification and assessment process	1	2	3	4
9.	ADHD assessment resources and materials that are available	1	2	3	4

Content Manual: ADHD Interventions
Part I: Medically-Oriented Interventions

This manual adequately addressed the following content areas:

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
1.	Need for inservice education regarding the medication of children with ADHD	1	2	3	4
2.	Medications for children with behavioral/ emotional problems	1	2	3	4
3.	Use of stimulants and the child with ADHD	1	2	3	4
4.	Other medications used to treat children with ADHD	1	2	3	4
5.	Monitoring of medication effects	1	2	3	4
6.	Ethical and legal concerns which surround the use of medication for children with ADHD	1	2	3	4
7.	Collaborative roles of parents, educators, and physicians in the medication process	1	2	3	4
8.	Resources which are available to address medical issues related to children with ADHD	1	2	3	4

Part II: School- and Home-Based Interventions

This manual adequately addressed the following content areas:

		Strongly Agree	Agree	Strongly Disagree	Unable to Answer
1.	Types of interventions appropriate for children with ADHD	1	2	3	4
2.	Need for inservice education in the area of interventions for children with ADHD	1	2	3	4
3.	Critical features of promising school-based programs for children with ADHD	1	2	3	4
4.	Problematic issues to be considered in the ADHD intervention process	1	2	3	4
5.	Steps in designing an intervention program for children with ADHD	1	2	3	4
6.	Physical environment interventions appropriate for children with ADHD	1	2	3	4
7.	Academic interventions for children with ADHD	1	2	3	4
8.	Behaviorally-based interventions for children with ADHD	1	2	3	4
9.	Cognitive-behavioral interventions for children with ADHD	1	2	3	4
10.	Benefits and limitations of behavioral and cognitive-behavioral interventions for children with ADHD	1	2	3	4
11.	Social skills interventions for children with ADHD	1	2	3	4
12.	Self-esteem interventions for children with ADHD	1	2	3	4
13.	Collaborative school-home interventions for children with ADHD	1	2	3	4
14.	Illustrative accommodation plans for children with ADHD	1	2	3	4
15.	Questionable school-based practices for children with ADHD	1	2	3	4
16.	Intervention programs for children with ADHD and their families	1	2	3	4
17.	Collaborative roles of parents, educators, and others in the intervention process	1	2	3	4

D. General Questions Regarding Manual Organization (To be Completed by Parents, Educators, & Facilitators)

Directions: Please respond to the following items on the following page by placing a check mark on the blank which best reflects your opinion regarding the *Project Facilitate* ADHD inservice education program.

1. The *Project Facilitate* program encouraged school-home partnerships in meeting the needs of children with ADHD in our school.

___ Very much encouraged partnerships
___ Somewhat encouraged partnerships
___ Did not encourage partnerships very much

2. The *Project Facilitate* program resulted in an overall improvement in the ways our school addresses the needs of children with ADHD.

___ Very much improved
___ Somewhat improved
___ Did not improve very much

3. Parents were an integral part of the *Project Facilitate* inservice education program in our school.

___ Parents very much involved in the program
___ Parents somewhat involved in the program
___ Parents not very involved in the program

4. In the future, I plan to use the *Project Facilitate* inservice education manuals as a resource in meeting the needs of children with ADHD.(Check one).

___ Yes ___ No

5. Overall, I believe that the *Project Facilitate* inservice education program increased my knowledge and skills in meeting the needs of many children with ADHD.

___ Very much increased my knowledge and skills
___ Somewhat increased my knowledge and skills
___ Did not increase my knowledge and skills very much.

6. I found the listings of resources, materials, and agency information provided in the *Project Facilitate* inservice education manuals helpful to me.

___ Very helpful
___ Somewhat helpful
___ Not very helpful

7. I found the manual checkpoints provided at the end of each orienting question helpful to me in reviewing the material for each orienting question.

___ Very helpful
___ Somewhat helpful
___ Not very helpful

8. I found the organization of the manuals (e.g., orienting questions, figures, manual checkpoints, etc.) helpful.

___ Very helpful
___ Somewhat helpful
___ Not very helpful

9. Overall, I found the *Project Facilitate* inservice education program to be (check response that best applies):

___ an excellent ADHD inservice education program
___ a good ADHD inservice education program
___ a satisfactory inservice education program
___ an unsatisfactory inservice education program

10. To assist the *Project Facilitate* staff in revising the manuals for future inservice education, please rate the overall quality of the manual as indicated below (circle the appropriate response):

	Excellent	Satisfactory	Needs Improvement
Clarity in writing	1	2	3
Organization of Content	1	2	3
Relevance for Inservice Education	1	2	3
Usefulness for Parents	1	2	3
Usefulness for Educators	1	2	3
Scope of Content	1	2	3
Technical Accuracy	1	2	3
Potential as a Group Inservice Education Program	1	2	3
Potential as a Self-Instructional Inservice Education Program	1	2	3
Attractiveness	1	2	3

E. **Implementation Concerns (Facilitators Only)**

Directions: Please respond to the following items by placing a check mark on the blank which best reflects your opinion regarding the *Project Facilitate* ADHD inservice education program.

1. Our school developed which of the following (if any) as a result of the *Project Facilitate* inservice education program?

___ Referral and Identification Policies and Procedures for Children with ADHD. If checked, please describe briefly:

___ Assessment Procedures. If checked, please describe briefly:

___ Schoolwide Medication Policy. If checked, please describe briefly:

___ Formal Methods/Procedures for Developing Accommodation Plans. If checked, please describe briefly:

___ Collaborative Arrangements Made with Outside Agencies to Meet the Needs of Children with ADHD within your school/system. If checked, please describe briefly:

___ Collaborative Methods for Implementing Interventions for Children with ADHD. If checked, please describe briefly:

___ Other. If checked, please describe briefly:

2. Our school involved the following outside professionals during the *Project Facilitiate* inservice education program (Check all that apply):

___ School Psychologist
___ Pediatrician or Other Medical Doctor
___ Mental Health Counselor/Therapist
___ Attorney
___ Other (Specify:)
___ Special Education Coordinator
___ Clinical Psychologist
___ Section 504 Coordinator
___ Outside consultant (please describe:

3. To what extent did you find the *Facilitators'* manual of assistance to you?

___ Very helpful
___ Somewhat helpful
___ Not very helpful

4. In terms of implementation, what did you see as the major strengths and weaknesses of the inservice education program?

5. What recommendations do you have for changing the implementation process for the benefit of future school-based facilitative teams?

6. Please address below any additional concerns you have about the implementation of *Project Facilitate*.

7. <u>Facilitators</u>: If you have not already forwarded a copy of your implementation forms and coding sheets to the Project Facilitate staff, please do so. Forward this information to:

Raymond Elliott, Lou Anne Worthington,
or David Patterson
The University of Alabama
Programs in Special Education
P. O. Box 870231
Tuscaloosa, AL 35487-0231

Manual Content Pretests

Project Facilitate
Pre-Test for ADHD General Knowledge Base Manual

A. Participant Demographic Data

School Code _____ Participant Code _____

Date Completed_____

B. Test Items

Directions: Please respond to the following items by circling the response you believe to be *most accurate*.

1. Attention Deficit Hyperactivity Disorder (ADHD) is:

   (a) outgrown, in most instances, during the adolescent years.
   (b) a rare, though serious, childhood disorder.
   (c) a common and well-researched disorder.
   (d) Both A & C.
   (e) None of the above.

2. ADHD is a disorder which is best managed through:

   (a) the provision of medication to the child *and* family counseling.
   (b) manipulating environmental demands and the child's coping abilities/resources.
   (c) the provision of special education services.
   (d) All of the above.
   (e) None of the above.

3. Meeting the educational needs of children with ADHD is the responsibility of:

   (a) parents and physicians, as ADHD is a medical, *not* an educational problem.
   (b) general educators, because ADHD is not a disability which qualifies a child for special education services.
   (c) special educators, because ADHD is a disability which requires special education services.
   (d) both general and special educators.
   (e) none of the above.

4. In general, educators have not received much preparation in the area of ADHD because:

   (a) this disorder has only recently been recognized as a potential educational disability.
   (b) the disorder traditionally has been viewed as a medical, not educational problem.
   (c) preservice and inservice programs traditionally have not addresssed the area of ADHD.
   (d) only recently have legal clarifications addressed the schools' responsibilities to children with ADHD.
   (e) All of the above.

5. Which of the following statements is inaccurate?

   (a) Children with ADHD respond paradoxically to stimulant medications (that is, stimulants "calm" them down whereas in children without ADHD, stimulants increase activity levels).
   (b) Stimulants have the reverse effect when children with ADHD reach puberty.
   (c) ADHD is outgrown during adolescence.
   (d) All of the above.
   (e) None of the above.

6. Which statement is most accurate regarding the diagnosis of ADHD?

(a) ADHD has specific educational criteria that can be used to determine whether or not a child is eligible for special education services *or* accommodations within the general education classroom.
(b) ADHD is a disorder in which specific psychiatric criteria are used to make its diagnosis.
(c) ADHD is a disorder which should be diagnosed by a qualified physician only, without input from parents and educators.
(d) All of the above.
(e) None of the above.

7. The most frequently-used psychiatric criteria for ADHD in the United States are found in:

(a) the Diagnostic and Statistical Manual of Mental Disorders .
(b) the International Classification of Diseases manual.
(c) the Psychiatric Manual of Childhood Diseases and Disorders.
(d) the Physican's Manual for Childhood Disruptive Behavior Disorders.
(e) None of the above.

8. ADHD is a disorder which:

(a) is characterized by developmentally inappropriate degrees of inattention and distractibility.
(b) has been reconceptualized many times during the last fifty years.
(c) is characterized primarily on the basis of excessive hyperactivity.
(d) All of the above.
(e) None of the above.

9. The primary characteristics of ADHD are:

(a) distractibility, impulsivity, and hyperactivity.
(b) hyperactivity, inattention, and academic deficits.
(c) hyperactivity, inattention, and impulsivity.
(d) cognitive deficits, hyperactivity, and interpersonal difficulties.

10. According to the most recent psychiatric criteria, ADHD is a disorder in which:

(a) children with ADHD may or may not exhibit hyperactivity.
(b) the diagnosis of ADHD should only be made if the disorder is causing significant impairment in the child's environment.
(c) the onset of ADHD usually appears before the age of seven.
(d) All of the above.
(e) None of the above.

11. Factor analytic studies have revealed that ADHD is characterized by which of the following two dimensions?

(a) inattention-disorganization *and* hyperactivity-impulsivity.
(b) inattention *and* hyperactivity.
(c) listlessness *and* inattention.
(d) hyperactivity-inattention *and/or* impulsivity-disorganization.

12. Which ADHD subtypes have been identified in the draft criteria for the DSM-IV?

(a) ADD without hyperactivity and ADD with hyperactivity.
(b) ADHD, Predominantly Inattentive Type and ADHD Predominantly Impulsive Type.
(c) ADHD with hyperactivity only
(d) None of the above.

13. Which statement is most accurate regarding the primary characteristics of children with ADHD?

(a) the ADHD primary characteristics interact with environmental and cultural demands placed on the child.
(b) the ADHD primary characteristics are the result of low motivation and are within the child's voluntary control.
(c) the ADHD primary characteristics place children with this disorder at great risk for the development of depression, anxiety, aggression, and academic problems.
(d) A & B.
(e) A & C.

14. Current research on attention suggests that:

(a) everyone experiences periods of inattention; children with ADHD just exhibit substantially more problems attending.
(b) children with ADHD may develop academic problems because their inattention inhibits their ability to process information at the "output" level of processing.
(c) attention is a homogeneous trait.
(d) children with ADHD particularly have problems attending to tasks which have high stimulatory value.
(e) All of the above.

15. Hyperactivity:

(a) must be considered within the context of developmental appropriateness.
(b) can be due to disorders or circumstances other than ADHD.
(c) is characterized by a high level of activity that occurs at inappropriate times.
(d) All of the above.
(e) None of the above.

16. Research on the long-term prognosis for children with ADHD suggests that:

(a) in many instances, the disorder remits in adolescence.
(b) childhood aggression and poor interpersonal relationships (coupled with ADHD) usually result in poor adult adjustment.
(c) the environment in which the child is placed can exacerbate or minimize the ultimate impact the ADHD has on adult adjustment.
(d) B and C only.
(e) All of the above.

17. Although little research on social and cultural issues has been conducted specifically with the ADHD population, what research is available suggests that:

(a) Children with ADHD from higher-income families fare just as well as children with ADHD from lower-income families.
(b) Children from racially/culturally different backgrounds are likely to be underrepresented in populations of children identified as having ADHD.
(c) Children from low-income families and/or who are ethnically/culturally diverse are likely to be overrepresented in populations of children identified as having ADHD.
(d) A & B
(e) None of the above.

18. Which statement is most accurate regarding the academic characteristics of children with ADHD?

(a) on most standardized academic tests, children with ADHD typically score within the average range.
(b) children with ADHD are more likely to be retained, receive lower grades, and be placed in special education classes than are their non-ADHD counterparts.
(c) a substantial number of children with ADHD also have concomitant learning disabilities.
(d) B and C.
(e) All of the above.

19. Which of the following are common secondary ADHD characteristics?

(a) speech and language impairments
(b) metacognitive deficits
(c) situational variabilty in behavior
(d) acting out, aggressive behavior
(e) All of the above

20. Many children with ADHD may have a disorder of "cognitive style" in that they:

(a) have difficulty grasping particular higher order cognitive concepts
(b) have limited cognitive abilities.
(c) are disorganized in the way they approach tasks.
(d) do not profit from one-on-one instruction.
(e) None of the above.

21. Children with ADHD often have particular difficulty on tasks which:

(a) require sustained attention and effort.
(b) are boring.
(c) are novel.
(d) are repetitive.
(e) A, B, and D.

22. One reason why children with ADHD may be difficult to identify is:

(a) their problematic behavior is most pronounced in unstructured situations which overstimulate them.
(b) their problematic behavior is not apparent during most school-related tasks.
(c) their problematic behavior often varies across settings, persons, and tasks.
(d) their problematic behavior is most pronounced at home, but not at school.
(e) A and C.

23. Because of their rapid habituation to rewards, children with ADHD often require reward schedules which are:

(a) variable and novel.
(b) continuous and novel.
(c) continuous, immediate, and novel.
(d) fixed and novel
(e) None of the above.

24. Children with ADHD often develop concomitant Conduct Disorders. Conduct Disorders is a serious disorder characterized by:

(a) a high incidence of delinquency.
(b) aggressiveness and acting-out behavior.
(c) the likelihood of poor adjustment as an adult.
(d) a persistent pattern of conduct that violates major age-appropriate societal norms.
(e) All of the above.

25. Children with ADHD often have difficulties with interpersonal relationships. This may be because they exhibit behaviors which are:

(a) of a high rate and are intrusive to others.
(b) communicatively deficient.
(c) indicative of poor social cognitive skills.
(d) suggestive of inadequate ability to regulate their emotions.
(e) All of the above.

26. Which of the following represents an accurate statement regarding differences between girls and boys with ADHD?

(a) boys with ADHD tend to be more cognitively impaired than are girls with ADHD.
(b) girls with ADHD are an underidentified population.
(c) boys with ADHD tend to be more depressed than are girls with ADHD.
(d) A and B only.
(e) None of the above.

27. One reason why a thorough medical evaluation of children with ADHD should be undertaken is because:

(a) there are a number of medical conditions which may mimic ADHD behavior.
(b) there are medical tests which can accurately identify children with ADHD.
(c) most physicians are adequately prepared to identify the disorder.
(d) A & B.
(e) All of the above.

28. The most generally-accepted ADHD prevalence rate in the United States is:

(a) 10% of the school-aged poulation.
(b) 6% - 8% of the school-aged population.
(c) 3% - 5% of the school-aged population.
(d) 10% - 15% of the school-aged population.
(e) 12% of the school-aged population.

29. Which of the following is perhaps the most significant problem in ADHD-related studies?

(a) sample bias.
(b) failure to incorporate control groups into the study designs.
(c) failure to consider the homogeneity of the ADHD population.
(d) All of the above are significant problems.
(e) None are the above are significant problems.

30. Which of the following statements is most accurate regarding the causes of ADHD?

(a) ADHD is the result of a inadequate parenting and/or adverse environmental conditions.
(b) ADHD is an inherited disorder.
(c) ADHD is the result of a faulty central nervous system.
(d) ADHD most likely has many causes.
(e) All of the above.

31. The attitudes/beliefs that significant adults have about children with ADHD are:

(a) powerful setting variables that may influence the long-term outcomes for these children.
(b) significant, because they exert much influence on the types of interventions in which these adults are willing to implement.
(c) important because they may be counterproductive in terms of identification, assessment, and intervention.
(d) All of the above.
(e) None of the above.

32. Parents of children with ADHD :

(a) are faced with unique challenges in raising a child with ADHD.
(b) may receive many negative comments from significant others regarding their parenting abilities.
(c) may have difficulty maintaining a normal, household routine.
(d) more likely to experience stress, marital disord, depression, and anxiety.
(e) All of the above.

33. Teaching a child with ADHD may be problematic for a teacher because:

(a) of the additional demands such a child places on him or her.
(b) he or she may not have sufficient knowledge of, and skill in working with, children with this disorder.
(c) they may find working with a child with disruptive behavior difficult because they believe the child is intentional in his or her behavior.
(d) All of the above.
(e) None of the above.

34. ADHD is a disorder which can be exacerbated or minimized by various environmental factors. Thus, intervention should not be directed solely at changing the child's behavior to fit the environment, but also should be undertaken with the understanding that:

(a) there is a complex interaction between a parent (or teacher) and the child with ADHD and therefore, this interaction should be addressed during intervention efforts.
(b) the child should be able to meet the environmental expectations and demands placed upon him or her.
(c) behavioral techniques will not be successful because they focus strictly on the child's problematic behavior.
(d) A and B
(e) A and C.

35. Successful interventions for children with ADHD are often the result of collaborative efforts among parents and various professionals. Collaboration is:

(a) characterized by interaction among individuals who work together toward a common goal.
(b) characterized by parity among those who work together.
(c) characterized by changes in members' roles and responsibilities as needed.
(d) All of the above.
(e) A & C.

C. Personal Attitudes/Beliefs Statements

Directions: To respond to each item below, please circle the number in the right-hand margin which best reflects your own personal beliefs and attitudes.

FOR EDUCATORS ONLY (PARENTS, GO TO NEXT SECTION).

		Strongly Agree	Agree	Disagree	Strongly Disagree
36.	I believe that a child with ADHD can control his or her behavior.	1	2	3	4
37.	ADHD is a not a "true" disability.	1	2	3	4
38.	ADHD is caused by poor parenting.	1	2	3	4
39.	Children with ADHD should adhere to the same academic standards as children without ADHD.	1	2	3	4
40.	Children with ADHD should adhere to the same behavioral standards as children without ADHD.	1	2	3	4
41.	There is never a reason for children with ADHD to receive medication.	1	2	3	4
42.	I believe that if I make exceptions for the child with ADHD in my classroom I am being unfair to the other students.	1	2	3	4
43.	Individualizing my instructional program for a child with ADHD is an acceptable practice for me as a teacher.	1	2	3	4
44.	Rewards are "bribing" a child.	1	2	3	4
45.	Medications are the answer to the problems children with ADHD have.	1	2	3	4
46.	Children who have ADHD and act out in my classroom really don't belong there.	1	2	3	4

Directions: To respond to each item below, please circle the number in the right-hand margin which best reflects your own personal beliefs and attitudes regarding children with ADHD.

FOR PARENTS ONLY (TEACHERS, YOU ARE NOW FINISHED WITH THIS PRE-TEST!).

		Strongly Agree	Agree	Disagree	Strongly Disagree
47.	I believe that a child with ADHD can control his or her behavior.	1	2	3	4
48.	My child's behavior would be better if I were a better parent.	1	2	3	4
49.	Children with ADHD should adhere to the same academic standards as children without ADHD.	1	2	3	4
50.	Children with ADHD should adhere to the same behavioral standards as children without ADHD.	1	2	3	4
51.	There is never a reason for children with ADHD to receive medication with ADHD.	1	2	3	4
52.	Rewards are "bribing" a child.	1	2	3	4
53.	Medications are the answer to the problems children with ADHD have.	1	2	3	4

Project Facilitate
Pre-Test for Legal Issues and ADHD Manual

A. Participant Demographic Data

School Code _____ Participant Code _____

Date Completed_____

B. Test Items

Directions: Please respond to the following items by circling the response you believe to be *most accurate*.

1. Federal legislation for children with disabilit.

   (a) is based on civil rights issues.
   (b) was passed primarily due to the patterns of exclusion these students experienced in the public schools.
   (c) requires that all students be educated within general education classrooms.
   (d) A & B
   (e) All of the above.

2. The Federal law which applies to children with ADHD is:

   (a) the Individuals with Disabilities Education Act (IDEA) of 1990
   (b) Section 504 of the Rehabilitation Act of 1973
   (c) the Americans with Disabilities Act (ADA) of 1990
   (d) B & C
   (e) All of the above

3. Prior to the 1970s, educational legislation for children with disabilities was:

   (a) nonexistent.
   (b) permissive in nature.
   (c) mandatory in nature.
   (d) exclusionary in focus.
   (e) None of the above.

4. Public Law 94-142, the precursor to the IDEA, was the first Federal legislation which:

   (a) addressed the educational needs of children with disabilities.
   (b) mandated that special education and related services be provided for students with disabilities.
   (c) provided money to schools for special education and related services.
   (d) All of the above.
   (e) None of the above.

5. When the IDEA was passed by Congress in 1990, one of the major changes noted in this revised Federal legislation was that:

   (a) children with ADHD became eligible for special education and related services.
   (b) a Notice of Inquiry was issued to determine whether or not ADHD should be added as a separate disability category under the IDEA.
   (c) centers to collect, synthesize, and disseminate information related to ADHD were established.
   (d) A & B
   (e) B & C

6. Section 504 and the ADA are:

   (a) Federal laws which are strictly educationally-oriented in their mandates.
   (b) civil rights laws which prohibit discrimination against individuals with disabilities.
   (c) more restrictive in focus than is the IDEA.
   (d) under the juridiction of the U.S. Department of Education.
   (e) All of the above.

7. The major thrust of Section 504 *historically* has been in the area of:

   (a) employment.
   (b) education.
   (c) welfare.
   (d) All of the above.
   (e) None of the above.

8. Under Section 504, funding for the education of students with disabilities is provided through:

   (a) the Office for Civil Rights.
   (b) the U.S. Department of Education.
   (c) the U.S. Office of Special Education Programs.
   (d) Partial funding is provided from those identified in A. B. & C.
   (e) None of the above.

9. Students who are regarded as having a disability by others are:

   (a) eligible for services and accommodations under Section 504.
   (b) ineligible for services and accommodations under Section 504.
   (c) may be eligible for services and accommodations under Section 504.
   (d) This issue is not addressed in Section 504.
   (e) None of the above.

10. "Major life activities" as defined by Section 504:

   (a) include recreation, education, and employment activities.
   (b) include caring for one's self, seeing, hearing, and learning.
   (c) must be significantly limited for an individual to be eligible for services and accomodations.
   (d) A & C
   (e) B & C.

11. Section 504:

   (a) protects more individuals with disabilities than does the IDEA.
   (b) protects fewer individuals with disabilities than does the IDEA.
   (c) protects more individuals with disabilities than does the ADA.
   (d) B & C.
   (e) None of the Above.

12. Children with ADHD are eligible for services and accommodations under Section 504 *and* the ADA if:

   (a) they meet the eligibility criteria for ADHD
   (b) the disorder substantially limits a major life activity.
   (c) they meet the criteria for learning disabilities.
   (d) A & B.
   (e) B & C.

13. Many students with ADHD:

(a) will meet the criteria for an IDEA disability.
(b) will qualify for services and/or accommodations under both the IDEA and Section 504.
(c) will not qualify for services under Section 504.
(d) A & B
(e) B & C.

14. When a child with ADHD is declared eligible under Section 504 but not the IDEA, an accommodation plan becomes the responsibility of:

(a) special education.
(b) general education.
(c) both general and special education.
(d) the Office for Civil Rights.
(e. the U.S. Department of Education.

15. School systems:

(a) are not required to evaluate children with ADHD if they do not meet eligibility criteria for a disability under the IDEA.
(b) are required to evaluate children with ADHD even if they do not meet eligibility criteria for a disability under the IDEA.
(c) do not have to provide special education and related aids and services to children with ADHD if they do not meet the eligibility criteria for an IDEA disability.
(d) A & C.
(e) B & C.

16. The ADA was passed by Congress in 1990 because it was found that despite the protection of Section 504, individuals with disabilities continued to face discrimmination in many areas. The ADA differs from Section 504 in that:

(a) it does not apply to children with ADHD.
(b) it does not apply to public schools.
(c) it defines "disability" much differently than does Section 504.
(d) it extends its protection to the employment of individuals with disabilities in the private sector.
(e) None of the above.

17. Results of the Notice of Inquiry issued by Congress in 1990 suggested that:

(a) parents and professional advocacy groups wanted clarification regarding the schools' responsibilities for providing services and accommodations for students with ADHD.
(b) ADHD should be included as a separate disability category under the IDEA.
(c) most children with ADHD were being adequately served under the IDEA.
(d) most children with ADHD are not eligible for Section 504 services and accommodations.
(e) the education of children with ADHD was strictly the responsibility of general educators, not special educators.

18. Many children with ADHD will qualify for special education and related aids and services under the IDEA because they meet the eligibility criteria for which of the following disabilities?

    (a) learning disabilities.
    (b) other health impairments.
    (c) serious emotionally disturbed.
    (d) autism.
    (e) A, B, & C.

19. If a child qualifies for services and accommodations under Section 504 but not the IDEA, school systems:

    (a) do not have to provide special education and related services because they are not reimbursed for doing so.
    (b) do not have to employ Section 504 procedural safeguards.
    (c) must develop an accommodation plan which addresses the individual needs of the child.
    (d) are not responsible for making adaptions to the child's existing educational program because they do not have an IDEA disability.
    (e) None of the above.

20. Under Federal law, school systems have the responsibility to:

    (a) evaluate all children with a suspected disability.
    (b) evaluate only those children for whom it is known that the child has a disability.
    (c) evaluate children in all areas of suspected disability.
    (d) A & C
    (e) None of the above.

21. If a child has an existing diagnosis of ADHD, then that child:

    (a) is automatically eligible for accommodations and services under Section 504.
    (b) is automatically ineligible for accommodations and services under Section 504.
    (c) should be evaluated to determine if that child is disabled within the meaning of Section 504.
    (d) is eligible for special education and related services under the Other Health Impairment disability category under the IDEA.
    (e) None of the above.

Project Facilitate
Pre-Test for Assessment of Children with ADHD Manual

A. Participant Demographic Data

School Code _____ Participant Code _____

Date Completed_____

B. Test Items

Directions: Please respond to the following items by circling the response you believe to be *most accurate*.

1. The school-based assessment of children is problematic because:

   (a) there are no educational criteria or legal guidelines to guide the assessment process.
   (b) there are very few ADHD assessment instruments available.
   (c) children with ADHD are extremely difficult to assess because of their inattentive and hyperactive behaviors.
   (d) physicians are primarily responsible for assessing children with ADHD.
   (e) None of the above.

2. Because ADHD is a complex disorder, school-based assessment of the disorder:

   (a) should be conducted by medical professionals.
   (b) should be multifacted, multi-method, and multi-respondent in nature.
   (c) should address only intellectual and academic aspects of the disorder.
   (d) A & B.
   (e) B & C.

3. Which of the following statements best characterizes the role of interviews in the school-based assessment of children with ADHD?

   (a) Interviews provide valid and reliable information regarding the child's school-related problems.
   (b) The major strength of interviews is that the data are collected regarding the concerns of parents, educators, and the child.
   (c) Interviews provide highly reliable data regarding the child's problems.
   (d) Interviews provide important historical information regarding the child's medical, social, educational, and family history.
   (e) B & D.

4. Because many children with ADHD often are variable in their behavior across settings, persons, and tasks, the following should occur during the assessment process:

   (a) Assessment should be designed to assess the child within his or her total environment.
   (b) Many different types of assessment instruments should be used.
   (c) Rating scales should be the primary assessment tools used during the assessment process as they circumvent this problem.
   (d) A & B.
   (e) B & C.

5. An indepth examination of the child's school records is important during the school-based assessment of children with ADHD because:

   (a) they may provide information regarding whether or not the child's problematic behavior is a chronic or acute problem.
   (b) they may provide information supportive of a relatively early onset of the disorder.
   (c) they may provide information regarding the impact the ADHD may be having on the child's learning.
   (d) All of the above.
   (e) None of the above.

6. Rating scales have many different purposes. One type of rating scale is an omnibus pathology measure. This type of measure is designed to:

   (a) determine whether or not the child does or does not have ADHD.
   (b) determine whether the child's ADHD is significantly limiting his or her learning.
   (c) tap a range of childhood emotional/behavioral disorders.
   (d) provide indepth information regarding the child's problem behaviors.
   (e) None of the above.

7. Generally, many rating scales which have been designed to assess specific ADHD characteristics:

   (a) do not conceptually or statistically correspond to current diagnostic criteria.
   (b) provide reliable, valid diagnostic data.
   (c) are difficult to administer, score, and interpret.
   (d) are very lengthy and complex.
   (e) A & C

8. ADHD laboratory measures:

   (a) have been used extensively in the schools to assess children with ADHD.
   (b) have extensive standardization data which makes them excellent measures of ADHD-related behaviors.
   (c) have limited utility in the schools.
   (d) generally are inexpensive, easy to administer and interpret.
   (e) None of the above.

9. Observations are important in the school-based assessment process because:

   (a) they can identify the role the teacher or other students in the classes may be playing in the maintenance of the child's problematic behavior.
   (b) they are sensitive to low frequency, yet highly salient behavior.
   (c) they often can be used to make relative comparisons regarding the child's behavior.
   (d) All of the above.
   (e) None of the above.

10. A medical evaluation, though not always required by law, is important in the assessment of children with ADHD because:

   (a) doctors have a better understanding of the disorder as it impacts the child's educational performance.
   (b) there are many medical conditions which can mimic ADHD behaviors, and these should be ruled in or out before a diagnosis is made.
   (c) schools are likely to overidentify children with ADHD whereas physicians employ more stringent criteria to make the diagnosis of ADHD.
   (d) All of the above.
   (e) None of the above.

11. To determine whether or not the child's ADHD is significantly limiting learning, school professionals:

    (a) should determine if a discrepancy exists between the child's intellectual abilities and academic achievement.
    (b) should expect the child with ADHD to score well below average on standardized achievement tests.
    (c) should make attempts to determine if the child is able to demonstrate his or her actual achievement in the classroom.
    (d) should compare the child's academic performance as measured by standardized achievement tests with that of age-appropriate peers.
    (e) None of the above.

12. Adjunct assessments are an important addition to the school-based assessment of children with ADHD because:

    (a) they can assist ruling in or out other concomitant disabilities.
    (b) they provide additional validation of other criterion-referenced ADHD measures.
    (c) they provide scores which assist decisions regarding the child's absolute mastery of specific skills.
    (d) All of the above.
    (e) None of the above.

13. The school-based assessment of children with ADHD is the responsibility of:

    (a) general educators.
    (b) special educators.
    (c) school psychologists.
    (d) school counselors.
    (e) All of the above may have some assessment responsibilities.

14. The assessment of children with ADHD in school settings should be driven by:

    (a) essential questions that are formulated early in the assessment process.
    (b) specific educational criteria for ADHD.
    (c) a diagnosis of ADHD.
    (d) All of the above.
    (e) None of the above.

15. When determining whether or not a child has ADHD, the assessment team may need to determine which of the following?

    (a) age of onset of the disorder.
    (b) degree of impairment on social and academic functioning.
    (c) chronicity of the disorder.
    (d) A & B
    (e) All of the above.

16. Which of the following "Major Life Activities" as defined by Section 504 is most often the one which is significantly impacted by ADHD?

    (a) mobility
    (b) learning
    (c) seeing
    (d) hearing
    (e) None of the above.

Project Facilitate
Pretest for the
ADHD Interventions Manual

A. Participant Demographic Data

School Code _____ Participant Code _____

Date Completed_____

B. Test Items

Medically-Oriented Interventions

Directions: Please respond to the following items by circling the response you believe to be *most accurate*.

1. Most researchers agree that ADHD is a developmental disability which requires, in most instances:

   (a) intervention over a long period of time.
   (b) multimodal intervention.
   (c) a holistic approach to intervention.
   (d) All of the above.
   (e) None of the above.

2. In general, interventions for many children with ADHD may be divided into three sources. These sources are:

   (a) Medication, Biofeedback, and Diet Therapies.
   (b) Medically-Oriented, School-Based, and Home-Based Interventions.
   (c) Family Counseling, Megavitamin Therapy, and Individual Psychotherapy.
   (d) Medication Management, Developmental Therapy, and Special Education.

3. Which of the following statements is most accurate regarding the intervention needs of most children with ADHD?

   (a) Every child with ADHD would benefit from at least a small dosage of stimulant medication.
   (b) Every family who has a child with ADHD will need to receive family counseling.
   (c) The intervention needs of children with ADHD are quite varied and depend on such factors as the severity of the disorder, whether or not the child has concomitant disorders, and the type of environmental demands placed upon the child.
   (d) B & C
   (e) A & C

4. The two theoretical intervention approaches which have the most empirical support for their efficacy are the:

   (a) Medical and Cognitive-Behavioral Approaches.
   (b) Cognitive-Behavioral and Behavioral Approaches.
   (c) Behavioral and Medical Approaches.
   (d) Social Learning and Behavioral Approaches.
   (e) Humanistic and Behavioral Approaches.

5. Parents and educators should be well-versed in the use of medication to treat children with ADHD because:

   (a) the research base on medications for children with ADHD is rapidly expanding and therefore, parents and educators need to stay abreast of the most current research in this area.
   (b) parents and educators need education in order to provide informed feedback to physicians who prescribe medication to children with ADHD.
   (c) parents and educators may need to monitor the positive and negative effects of medications administered to children with ADHD.
   (d) there are a number of legal and ethical concerns regarding the use of medication and the child with ADHD. Therefore, school personnel will need to develop policies and procedures to address these concerns.
   (e) All of the above.

6. There are a number of medications used to treat children with a variety of emotional and behavioral problems. These include the:

   (a) stimulants, neuroleptics, and antianxiety agents.
   (b) antidepressants, sedatives, and hypnotics.
   (c) A & B
   (d) None of the above.

7. Stimulants:

   (a) are by far the most frequently-used medications for children with ADHD.
   (b) that are used for children with ADHD include Ritalin, Dexedrine, and Cylert.
   (c) that are used for children with ADHD include Mellaril, Thorazine, and Clonopin.
   (d) are known for their hypnotic effects.
   (e) A & B.

8. Which of the following statements is most accurate regarding the use of stimulants with the ADHD population?

   (a) Approximately 2% to 6% of all elementary-aged children may be receiving stimulant medications.
   (b) More boys than girls with ADHD are treated with stimulant medications.
   (c) The majority of children who are prescribed stimulant medications are between the ages of 6 and 10.
   (d) Most research studies regarding children with ADHD have investigated the effects of stimulant medications.
   (e) All of the above.

9. Which of the following statement is true regarding the use of stimulants with the ADHD population?

   (a) Between 70% and 80% of children who are prescribed these medications will respond positively.
   (b) If a child responds positively to one stimulant, this means he or she will respond positively to all stimulants.
   (c) If a child does not respond well to one stimulant at a young age, the chances are he or she will not respond positively in future years to the same stimulant.
   (d) A & B
   (e) A & C

10. The major stimulants used to treat children with ADHD are classified as controlled substances. This means that:

   (a) they are regulated by the Drug Enforcement Agency.
   (b) they require that a licensed physician write a prescription for them.
   (c) that children receive blood tests every month.
   (d) B & C
   (e) A & B

11. Which of the following is *not* a common myth regarding stimulants and children with ADHD?

(a) Stimulants are no longer effective when a child reaches adolescence.
(b) Children with ADHD have an atypical or paradoxical response to stimulants.
(c) Stimulant medications will cure ADHD.
(d) Stimulants provide short-term relief for children with ADHD who respond positively to these medications.
(e) The use of stimulants increases the likelihood of future drug misuse or abuse.

12. Which of the following statements is most accurate regarding stimulant dosages?

(a) Generally, physicians should be able to predict whether or not a child will or will not respond positively to stimulants.
(b) Children with ADHD respond idiosyncratically to stimulant medications.
(c) Titration is necessary to determine the most appropriate stimulant dosage for an individual child with ADHD.
(d) Consideration should be given to the interval between stimulant dosages and the time periods to be covered.
(e) B, C, & D

13. Parents and educators should carefully monitor the:

(a) beneficial effects of stimulants on the child's ADHD-related behaviors.
(b) side effects of the stimulant medications.
(c) long-term effects of stimulant medications.
(d) A & B
(e) A & C

14. Some of the side effects of stimulant medications include:

(a) appetite suppression, growth and weight suppression, and insomnia.
(b) minor changes in cardiovascular functioning and headaches.
(c) behavior rebound effects, medication-induced hyperactivity, and stomachaches.
(d) emotional lability and clouded cognitive ability.
(e) All of the above.

15. Which of the following statements best reflects the major benefits of stimulants?

(a) For those children with ADHD who respond positively to stimulants, these medications provide temporary, short-term management of the primary ADHD symptoms.
(b) Stimulants often result in long-term and substantial improvements in a child's academic, behavioral, and social functioning.
(c) Stimulants have almost no side effects and for many children, improve their long-term adjustments.
(d) B & C
(e) None of the above.

16. Although not as popular as stimulant medications, antidepressants are sometimes used to treat children with ADHD. In general, antidepressants:

(a) tend to be most appropriate when a child has ADHD with concomitant anxiety or depression.
(b) are short-acting medications which are not as effective as stimulant medications.
(c) are not very effective for most children with ADHD.
(d) A & B
(e) A & C

17. Which of the following are ethical and legal concerns which surround the use of medications for children with ADHD?

(a) Schools cannot require that a child with ADHD take medication in order to attend school.
(b) Medication should never be the sole intervention used to treat children with ADHD.
(c) Schools may be responsibile for assisting with the monitoring of medication effects.
(d) Schools may not administer medication to children with ADHD.
(e) A, B, & C.
(f) All of the above.

School- and Home-Based Interventions:

18. Many of the interventions found to be effective for children with ADHD

(a) are unique, and most teachers have not been exposed to them during their preservice preparation.
(b) have been shown to be effective for children with a variety of learning and behavioral problems.
(c) are easy to implement.
(d) None of the above.

19. When designing an intervention program for a child with ADHD, teachers and parents may be wise to:

(a) attempt the least intrusive interventions first.
(b) ensure that effective teaching practices are routinely implemented in the classroom.
(c) work collaboratively.
(d) All of the above.
(e) None of the above.

20. Interventions for children with ADHD may need to be undertaken with the perspective(s) that:

(a) they should be implemented as early as possible and sustained throughout the child's school years.
(b) they should be designed to teach compensatory skills as the child's ADHD characteristics are unlikely to abate.
(c) they may prevent the development of serious secondary problems.
(d) they will not likely cure the child's ADHD.
(e) All of the above.

21. Some of the critical features of promising school-based programs for children with ADHD are:

(a) development of formal system- and schoolwide plans for children with ADHD.
(b) clarification of roles and responsibilities.
(c) continuity of intervention efforts.
(d) active involvement of parents.
(e) All of the above.

22. During the initial stages of developing system- or schoolwide policies and procedures for children with ADHD, it has been recommended that a needs assessment be conducted. Such an assessment may be beneficial because:

(a) it may suggest how personnel and resources may be best utilized.
(b) it may help determine the number of children with ADHD within the system who are in need of accommodations or special services.
(c) it may assist in determining the extent of inservice education needs.
(d) All of the above.
(e) B & C

23. When developing system- or schoolwide policies and procedures for meeting the needs of children with ADHD, schools should:

(a) examine their existing policies and procedures to see if they may be adapted or modified to accommodate children with ADHD.
(b) provide for a flexible, continuum of services for this population.
(c) not unilaterally make the decision that the needs of all children with ADHD are to be met in the general education classroom.
(d) enable children with ADHD to display their actual level of achievement in the classroom.
(e) All of the above.

24. There are many avenues whereby continuity of intervention efforts for children with ADHD can be realized. These are:

(a) coordinating interventions efforts across school, home, and treatment programs.
(b) providing for the systematic transfer of interventions from one school year to the next.
(c) addressing academic as well as emotional, behavioral, and social concerns during intervention efforts.
(d) A & B
(e) All of the above.

25. When conceptualizing a child's behavior, parents and educators need to:

(a) define the behavior in specific, objective terms.
(b) define the behavior in terms of intensity, duration, and frequency.
(c) define the behavior in terms of behavioral deficits or excesses.
(d) B & C
(e) All of the above.

26. At times, a child with ADHD may present with a multitude of academic and behavioral problems which cannot be addressed simultaneously. Consequently, educators and parents may need to:

(a) marshal their resources and design a comprehensive program to address all of the child's problems.
(b) mutually agree upon two or three behaviors which are of most concern and intervene accordingly.
(c) be tolerant of the child's problems which are not the current foci of intervention efforts.
(d) B & C
(e) All of the above.

27. For some children with ADHD, very complex intervention efforts may be required. At times, these may necessitate that professionals within or outside the school be used to assist educators implement interventions. One model which may be helpful in assisting school personnel to master complex interventions is the:

(a) ABAB model
(b) Peer Coaching Model
(c) Gradual Transfer Model
(d) B & C
(e) None of the above.

28. Establishing a baseline is one of the first steps in designing an intervention program. A baseline:

(a) provides data regarding the antecedents to and consequences of the child's behavior.
(b) is used to determine the presence of ADHD or another disorder.
(c) is used to evaluate the effects of intervention efforts.
(d) All of the above.
(e) A & C

29. Response increment procedures are those which:

(a) are designed to teach new behavior.
(b) are designed to eliminate or reduce the strength of an undesired behavior.
(c) are designed to increase the strength of an already existing behavior.
(d) None of the above

30. In many instances, children with ADHD respond best to:

(a) a partial reinforcement schedule.
(b) a continuous reinforcement schedule.
(c) a variable ratio schedule.
(c) a variable interval schedule.
(d) a fixed interval schedule.

31. What kinds of reinforcers are most appropriate for many children with ADHD?

(a) intangible reinforcers
(b) edible treats
(c) powerful and salient reinforcers
(d) None of the above

32. Contingency management:

(a) involves the manipulation of reinforcement.
(b) includes procedures which teach children to think through the tasks they undertake.
(c) includes principles derived from humanistic psychology.
(d) includes such procedures as contingency contracting, token economies, and group contingencies.
(e) A & D

33. What combination of intervention appears to be most effective for many children with ADHD?

(a) self-instructional training and transactional analysis
(b) positive reinforcement and response cost
(c) Reality therapy and behavior modification
(d) values clarification and developmental therapy
(e) None of the above

34. Which of the following is/are true regarding reinforcement schedules and children with ADHD?

(a) Reinforcement learned on a partial reinforcement schedule is particularly difficult to extinguish because the child with ADHD has learned persistence.
(b) Reinforcement learned on a continuous reinforcement schedule is particularly difficult to extinguish because the child with ADHD was reinforced 100% of the time.
(c) In reality, most behavior is learned on a partial reinforcement schedule.
(d) In reality, most behavior is learned on a continuous reinforcement schedule.
(e) A & C

35. The research on effective teaching has suggested that direct instruction in large groups is superior to small group instruction. This may be true because:

(a) The amount of instructional time is equally divided among all students.
(b) Less able students prevent more able students from advancing.
(c) Such instruction increases the amount of time teachers spend teaching.
(d) Teacher preparation time is decreased.
(e) None of the above

36. In terms of adjusting the schedule of a child with ADHD, which of the following should be considered?

(a) Scheduling subjects during those times when the child has the greatest attending ability.
(b) Establishing a predictable, organized schedule.
(c) Preparing the child for transitions or disruption in the schedule routine.
(d) Incorporating physical activity into the child's schedule.
(e) All of the above

37. Which of the following components characterize an effective instructional cycle?

(a) reviewing prior learning,
(b) active demonstration and modeling
(c) independent practice
(d) systematic, corrective feedback
(e) All of the above

38. Ensuring that students complete tasks at a high rate of success:

(a) requires a careful match between the student and the content-to-be-mastered.
(b) may inhibit students from learning more information in a timely manner.
(c) has been shown to be highly correlated with student achievement.
(d) All of the above
(e) A & C

39. Which of the following are important teacher-questioning behaviors?

(a) Achieving a congruency between the cognitive level of questions and student answers.
(b) Providing students with ample time to respond.
(c) Adapting questions to the language and ability level of students.
(d) Asking questions of all students in the classroom.
(e) All of the above

40. Criticism, when delivered to children:

(a) is ineffective.
(b) can be effective if it is presented in an emotionally neutral manner.
(c) should never be used by parents and educators.
(d) should serve as a corrective function.
(e) B & D

41. Effective praise:

(a) is delivered contingently.
(b) specifies the particulars of an accomplishment.
(c) fosters endogenous attributions.
(d) rewards attainment of specified performance.
(e) All of the above

42. Teaching strategies that may help a child with ADHD to organize information to-be-learned include:

(a) content organizers, graphic organizers, and content diagrams
(b) instructional organizers
(c) study guides and semantic maps
(d) All of the above
(e) None of the above

43. In general, teachers should:

(a) intervene behaviorally first as a child's inappropriate behavior prevents learning.
(b) intervene academically first, as there is often a simultaneous improvement in a child's behavior.
(c) provide reinforcement for academic productivity and accuracy rather than for strictly on-task behavior.
(d) increase the stimulatory value of lessons for children with ADHD.
(e) B, C, & D

44. Interventions based on behavioral theory:

(a) have gained widespread support for their use with children with ADHD.
(b) are ineffective with the ADHD population.
(c) range along a continuum from mildly intrusive to highly intrusive.
(d) involve the systematic manipulation of antecedents to and consequences of a child's behavior.
(e) A, C, & D

45. The most effective teacher commands are those that:

(a) provide the child with a rationale as to why he or she should engage in more appropriate behavior.
(b) are clear, specific, and simply-stated.
(c) are delivered until the child engages in the desired behavior.
(d) All of the above
(e) None of the above

46. Group contingencies:

(a) have the advantage of being provided for a whole group rather than for a single child.
(b) are not very effective.
(c) allow for reinforcement to be delivered dependent on the behavior of either the group or individual children.
(d) A & B
(e) A & C

47. Individual contingency contracts often fail when:

(a) the expected criterion is unrealistic for the individual child.
(b) reinforcers are of insufficient strength.
(c) the contingencies are not systematically met by the adults involved in the child's contract.
(d) All of the above
(e) None of the above

48. Response cost is:

(a) delivered when a child stops undesired behavior.
(b) withdrawal of specified amounts of reinforcement when the child engages in unwanted behavior.
(c) is not effective with the ADHD population, even when combined with positive reinforcement.
(d) A & C
(e) B & C

49. One criticism of behavioral approaches is that they:

(a) are unethical.
(b) only address a child's inappropriate behavior.
(c) they are not very effective in the short-term for children with ADHD.
(d) they teach children to overly rely on external sources of control.
(e) All of the above

50. Cognitive-behavioral approaches differ from strictly behavioral approaches in that they:

(a) teach children self-control.
(b) children act as their own behavioral change agents.
(c) teach the child to mediate his or her behavior.
(d) All of the above
(e) B & C

51. Research on the use of cognitive-behavioral interventions:

(a) has been discouraging despite their early promise for children with ADHD.
(b) indicates that they are not very appropriate for older, more mature students.
(c) they are especially effective for children with language difficulties.
(d) they are effective with the ADHD population.
(e) None of the above

52. Limitations of behaviorally-based interventions that:

(a) they often are time-consuming and labor intensive.
(b) some parents and educators have philosophical objections to them.
(c) they often do not result in significant long-term improvements for children with ADHD.
(d) All of the above
(e) None of the above

53. Interventions designed to improve the social skills of many children with ADHD may be necessary because:

(a) this population often displays behaviors that are highly correlated with peer rejection.
(b) children with ADHD often suffer from social imperception in that they respond impulsively during social interactions.
(c) they may need to be taught prosocial behavior in conjunction with a behavioral program designed to reduce inappropriate behavior.
(d) A & C
(e) All of the above

54. Social skills range along an intervention continuum. Which of the following type of social skills intervention is most intrusive on this continuum?

(a) a packaged social skills training program.
(b) cooperative learning
(c) peer tutoring
(d) strategic placement
(e) None of the above

55. Ways in which the generalization of social skills across settings can be promoted for children with ADHD include:

(a) lengthening the duration of the social skills training programs
(b) requiring children to self-monitor the use of their social skills
(c) recruiting adults and peers to provide reinforcement for display of newly-acquired social skills in various settings
(d) All of the above
(e) None of the above

56. Interventions for children with ADHD should be a *joint* responsibility for parents and educators. At times, this may entail:

(a) developing mutual goals and interventions designed to meet these goals at both home and school.
(b) working together to address issues that present difficulty, such as homework.
(c) frequently and consistently communicating between home and school.
(d) provising of home-based reinforcement for school-related behaviors.
(e) All of the above.

57. Which of the following are essential to developing an effective school-home note system?

(a) A careful evaluation should be conducted prior to implementation to determine if reinforcers can be implemented consistently and appropriately.
(b) A school-home note contract between parents, educators, and the child with ADHD should be developed specifying the contingencies of the system.
(c) Baseline data should be collected.
(d) All of the above
(e) None of the above

58. To the maximum extent possible, accommodations plans should:

(a) provide recommendations for the child with ADHD from year-to-year.
(b) allow for revising or fading interventions as appropriate.
(c) document the effects of intervention efforts.
(d) All of the above
(e) None of the above

59. When a child with ADHD is being considered for grade retention, which of the following issues should be considered?

(a) Inattention, impulsivity, and hyperactivity are inherent characteristics of the disorder, and may be mistaken for "immaturity" - a frequently-cited reason for grade retention.
(b) Grade retention is not appropriate when substantial efforts to make accommodations for the child's ADHD in the classroom have not been made.
(c) Children with ADHD should not be "recycled" through the same curriculum in the year following grade retention.
(d) Children with ADHD probably should not be retained if achievement test results suggest that the child is indeed learning but is not demonstrating his or her actual level of achievement in the classroom.
(e) All of the above

60. Parents of a child with ADHD may need to seek outside assistance because:

(a) raising such a child requires more parenting skill than that required in raising a child without ADHD.
(b) raising a child with ADHD may result in added parental stress, guilt, anxiety or depression.
(c) such programs have been shown in research studies to be effective in ameliorating some of the problems associated with ADHD.
(d) A & B
(e) A & C

61. When locating an ADHD parent training program, parents should:

(a) be cautious of programs which are taunted as "effective" or curative" of ADHD.
(b) avoid referring to parenting books or manuals as their sole resources for helping them cope with their child with ADHD.
(c) carefully investigate the qualifications of the professional offering the parent training.
(d) All of the above
(e) B & C

62. The development of system- or schoolwide plans may assist educators and parents in clarifying their collaborative roles and responsibilities in the ADHD intervention process. One of the major goals of these collaborative efforts is to:

(a) enhance the potential for interventions to generalize across settings, persons, and tasks.
(b) to delineate how each professional or parent is to function as a collaborative team member.
(c) to utilize personnel and material resources as effectively and efficiently as possible.
(d) A & B
(e) All of the above

Project Evaluation Results of the Inservice Education Content Manuals

Overall Manual Ratings by Project Advisory Committee Members

Manual	Excellent Potential for Inservice Education	Good Potential for Inservice Education	Satisfactory Potential for Inservice Education	Unsatisfactory Potential for Inservice Education	Manual Should Not Be Used for Inservice Education	Comments
ADHD General Knowledge Base	**100%**					
Legal Issues & ADHD	**100%**					
Assessment of Children with ADHD	**100%**					
ADHD Interventions *Part I: Medication and Children with ADHD*	**100%**					
Part II: *School- and Home-Based Interventions for Children with ADHD*	On-Going					

Manual Content x Objective Ratings by Project Evaluation Committee Members *for ADHD General Knowledge Base Manual*

Manual Objective Stem	Excellent Potential for Inservice Education	Good Potential for Inservice Education	Satisfactory Potential for Inservice Education	Unsatisfactory Potential for Inservice Education	Objective Section Should Not Be Used for Inservice Education	Comments
General need for ADHD inservice education	100%					
Common ideas people have about ADHD	100%					
What is ADHD?	80%	20%				
Primary characteristics of children with ADHD	80%	20%				
Secondary characteristics of children with ADHD	80%	20%				
Prevalence of ADHD	100%					
Current Problems in ADHD Research	80%	20%				

Manual Content x Objective Ratings by Project Evaluation Committee Members *for ADHD General Knowledge Base Manual*

Manual Objective Stem	Excellent Potential for Inservice Education	Good Potential for Inservice Education	Satisfactory Potential for Inservice Education	Unsatisfactory Potential for Inservice Education	Objective Should Not Be Used For Inservice Education	Comments
Causes of ADHD	100%					
Common ADHD myths and misperceptions	83%	17%				
Common Attitudes and Beliefs about ADHD	83%	17%				
Difficulties Families Face	83%	17%				
Difficulties Teachers Face	100%					
Personal Mental Health	100%					
Collaborative Roles	100%					

Manual Content x Objective Ratings by Project Evaluation Committee Members *for Legal Issues and ADHD Manual*

Manual Objective Stem	Excellent Potential for Inservice Education	Good Potential for Inservice Education	Satisfactory Potential for Inservice Education	Unsatisfactory Potential for Inservice Education	Objective Should Not Be Used for Inservice Education	Comments
Overview of Disability Legislation	67%	22%	11%			
Individuals with Disabilities Education Act	89%	11%				
Section 504 of the Rehabilitation Act	89%	11%				
Americans with Disabilities Act	89%	11%				
How Laws Apply to Children with ADHD	89%	11%				
Advocating for Children with ADHD	89%	11%				
Collaborative Roles in Implementing Laws for Children with ADHD	100%					

Manual Content x Objective Ratings by Project Evaluation Committee Members *for Assessment of Children with ADHD Manual*

Manual Objective Stem	Excellent Potential for Inservice Education	Good Potential for Inservice Education	Satisfactory Potential for Inservice Education	Unsatisfactory Potential for Inservice Education	Comments
Need for ADHD Assessment Inservice	100%				
Problematic Assessment Issues	100%				
Types of ADHD Assessment Instruments	100%				
School-Based Assessment of ADHD	100%				
Essential ADHD Assessment Questions	50%	50%			Some revisions made
Instruments to Answer Assessment Questions	100%				
School-Based Models and Protocols	100%				
Collaborative Assessment Roles	100%				

Manual Content x Objective Ratings
by Project Evaluation Committee Members
for ADHD Interventions Manual: Part I, Medications

Manual Objective Stem	Excellent Potential for Inservice Education	Good Potential for Inservice Education	Satisfactory Potential for Inservice Education	Unsatisfactory Potential for Inservice Education	Objective Section Should Not Be Used for Inservice Education	Comments
Need for ADHD medication inservice	100%					
Overview of medications	100%					
Stimulants and ADHD	100%					
Other ADHD medications	100%					
Monitoring the effects of ADHD medications	100%					
Ethical and legal concerns about medications	100%					
Collaborative medication roles	100%					

Project Facilitate
Project Advisory Committee Evaluations of Specific Areas of Concern Regarding Content of Manuals

ADHD General Knowledge Base Manual

Area: Overall Manual Quality

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%	14%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	86%	14%		
Technical Accuracy	71%	29%		
Potential as Self-Instruc. Program	100%			
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Guiding Perspectives & Goals of Project Facilitate

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%	14%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	57%	43%		
Usefulness for Educators	86%			
Scope of Content	86%	14%		
Technical Accuracy	100%			
Potential as Self-Instruc. Program	72%	28%		
Potential as Group Program	86%	14%		
Attractiveness	100%			

Objective Stem: General Need for ADHD Inservice Education

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	50%	50%		
Potential as Group Program	83%	17%		
Attractiveness	100%			

Objective Stem: Common Ideas People Have about ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	58%	14%	14%*	
Organization of Content	86%	14%		
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	72%	28%		
Technical Accuracy	43%	43%	14%*	
Potential as Self-Instruc. Program	86%	14%		
Potential as Group Program	100%			
Attractiveness	100%			

*Revisions were made to reflect these concerns

Objective Stem: What is ADHD?

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%	14%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	71%	29%		
Usefulness for Educators	86%	14%		
Scope of Content	86%	14%*		
Technical Accuracy	72%	14%	14*	
Potential as Self-Instruc. Program	57%	43%		
Potential as Group Program	100%			
Attractiveness	100%			

*Revisions were made to reflect this concern

Objective Stem: Primary Characteristics of Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%		14%*	
Organization of Content	86%			14%*
Relevance for Inservice Education	100%			
Usefulness for Parents	71%	29%		
Usefulness for Educators	100%			
Scope of Content	86%	14%		
Technical Accuracy	71%	29%*		
Potential as Self-Instruc. Program	71%	29*		
Potential as Group Program	86%	14%		
Attractiveness	100%			

*Revisions were made to reflect these concerns

Objective Stem: Secondary Characteristics of Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%	14%		
Organization of Content	86%		14%*	
Relevance for Inservice Education	86%	14%		
Usefulness for Parents	71%	29%		
Usefulness for Educators	86%	14%		
Scope of Content	71%	29%*		
Technical Accuracy	72%			
Potential as Self-Instruc. Program	43%	14%	14%*	
Potential as Group Program	100%			
Attractiveness	100%			

*Revisions were made to reflect these concerns

Objective Stem: Prevalence of ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	86%	14%		
Relevance for Inservice Education	86%	14%		
Usefulness for Parents	86%	14%		
Usefulness for Educators	86%	14%		
Scope of Content	86%	14%		
Technical Accuracy	72%	14%	14%*	
Potential as Self-Instruc. Program	86%	14%		
Potential as Group Program	100%			
Attractiveness	86%		14%*	

*Revisions were made to reflect thiese concerns

Objective Stem: Current Problems in ADHD Research

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%	14%		
Organization of Content	100%			
Relevance for Inservice Education	71%	29%		
Usefulness for Parents	57%	29%	14%*	
Usefulness for Educators	86%	14%		
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	57%	14%	14%*	
Potential as Group Program	86%	14%		
Attractiveness	100%			

*Revisions were made to reflect these concerns

Objective Stem: Causes of ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	71%	29%*		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	71%	29%		
Usefulness for Educators	86%	14%		
Scope of Content	86%	14%		
Technical Accuracy	71%	14%	14%*	
Potential as Self-Instruc. Program	57%	43%		
Potential as Group Program	86%	14%		
Attractiveness	100%			

*Revisions were made to reflect these concerns

Objective Stem: Attitudes and Beliefs People Often Have about ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	86%	14%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Difficulties Families Face in Raising a Child with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	86%	14%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Difficulties Teachers Face in Teaching a Child with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%	14%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	86%	14%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	86%	14%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Personal Mental Health and the Child with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	86%	14%		
Organization of Content	86%	14%		
Relevance for Inservice Education	86%	14%		
Usefulness for Parents	86%			
Usefulness for Educators	100%			
Scope of Content	86%	14%		
Technical Accuracy	86%	14%		
Potential as Self-Instruc. Program	86%	14%		
Potential as Group Program	100%			
Attractiveness	86%	14%		

Objective Stem: Collaborative Roles in Working with Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	86%	14%		
Potential as Group Program	100%			
Attractiveness	100%			

Project Facilitate
Project Advisory Committee Evaluations of Specific Areas of Concern Regarding Content of Manuals

Legal Issues and ADHD Manual

Area: Overall Manual Quality

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	88%	12%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	75%	12.5%	12.5*	
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	75%	25%		
Potential as Group Program	100%			
Attractiveness	88%		12%*	

*Revisions were made to reflect these concerns

Objective Stem: Issues that Have Driven Federal Legislation for Children with Disabilities

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	78%	22%		
Organization of Content	78%	22%		
Relevance for Inservice Education	56%	44%		
Usefulness for Parents	22%	56%	11%*	11%*
Usefulness for Educators	44%	44%		11*
Scope of Content	67%	33%		
Technical Accuracy	78%	22%		
Potential as Self-Instruc. Program	44%	44%		
Potential as Group Program	67%	33%		
Attractiveness	67*	22%	11%	

*Revisions were made to reflect these concerns

Objective Stem: The Individuals with Disabilities Education Act (IDEA)

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	75%	25%		
Organization of Content	88%	12%		
Relevance for Inservice Education	75%	25%		
Usefulness for Parents	100%			
Usefulness for Educators	88%	12%		
Scope of Content	88%	12%		
Technical Accuracy	100%			
Potential as Self-Instruc. Program	75%		12%*	
Potential as Group Program	88%	12%		
Attractiveness	75%	12.5%	12.5%*	

*Revisions were made to reflect these concerns

Objective Stem: The Individuals with Disabilities Education Act (IDEA)

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	88%	12%		
Organization of Content	88%	12%		
Relevance for Inservice Education	100%			
Usefulness for Parents	88%	12%		
Usefulness for Educators	88%	12%		
Scope of Content	88%	12%		
Technical Accuracy	88%	12%		
Potential as Self-Instruc. Program	88%	12%		
Potential as Group Program	100%			
Attractiveness	88%		12%*	

*Revisions were made to reflect this concern

Objective Stem: Section 504 of the Rehabilitation Act of 1973

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	88%	12%		
Organization of Content	88%	12%		
Relevance for Inservice Education	100%			
Usefulness for Parents	88%	12%		
Usefulness for Educators	75%	12.5%		12.5%*
Scope of Content	75%	12.5%		12.5%*
Technical Accuracy	75%	12.5%		12.5%
Potential as Self-Instruc. Program	50%	50%		
Potential as Group Program	75%	25%		
Attractiveness	75%	12.5%	12.5%*	

*Revisions were made to reflect these concerns

Objective Stem: Americans with Disabilities Act (ADA)

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	88%	12%		
Relevance for Inservice Education	75%	25%		
Usefulness for Parents	59%	50%*		
Usefulness for Educators	88%	12%		
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	25%	75%*		
Potential as Group Program	75%	25%		
Attractiveness	88%		12%*	

*Revisions were made to reflect these concerns

Objective Stem: How the IDEA, Section 504, and the ADHD Apply to Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	88%	12%		
Relevance for Inservice Education	88%	12%		
Usefulness for Parents	75%	25%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	75%	25%		
Potential as Group Program	100%			
Attractiveness	88%		12%*	

*Revisions were made to reflect this concern

Objective Stem: Advocating for Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	88%			12%*
Organization of Content	88%			12%*
Relevance for Inservice Education	63%	25%		12%*
Usefulness for Parents	88%			12%*
Usefulness for Educators	63%	37%		
Scope of Content	88%	12%		
Technical Accuracy	100%			
Potential as Self-Instruc. Program	100%			
Potential as Group Program	100%			
Attractiveness	88%	12%		

*Revisions were made to reflect these concerns

Objective Stem: Collaborative Roles in Implementing Federal Laws for Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	75%	25%		
Organization of Content	75%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	75%	25%		
Technical Accuracy	100%			
Potential as Self-Instruc. Program	75%	25%		
Potential as Group Program	100%			
Attractiveness	88%		12%*	

*Revisions were made to reflect this concern

Project Facilitate
Project Advisory Committee Evaluations of Specific Areas of Concern Regarding Content of Manuals

Assessment of Children with ADHD Manual

Area: Overall Manual Quality

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	80%	20%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	60%	40%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Problematic Issues in the Assessment of Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	80%	20%		

Objective Stem: Types of Instruments Used to Assess Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	80%	20%		
Organization of Content	80%	20%		
Relevance for Inservice Education	60%	40%		
Usefulness for Parents	60%	40%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	50%	50%		
Potential as Group Program	80%	20%		
Attractiveness	80%	20%		

Objective Stem: School-Based Assessment Approaches for Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	80%	20%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	50%	50%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	60%	40%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Essential Questions to be Answered During the ADHD Assessment Process

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	80%	20%		
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	60%	40%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Instruments Appropriate for Answering Essential Assessment Questions

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	80%	20%		
Organization of Content	80%	20%		
Relevance for Inservice Education	80%	20%		
Usefulness for Parents	60%	40%		
Usefulness for Educators	80%	20%		
Scope of Content	80%	20%		
Technical Accuracy	80%	20%		
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	80%	20%		
Attractiveness	80%	20%		

Objective Stem: School-Based Assessment Models and Protocols

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	80%	20%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	100%			
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Collaborative Roles in the ADHD Assessment Process

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

Project Facilitate
Project Advisory Committee Evaluations of Specific Areas of Concern Regarding Content of Manuals

ADHD Interventions: Part I, Medically-Oriented Interventions

Area: Overall Manual Quality

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Need for Inservice Education Regarding the Medication of Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	80%	20%		
Organization of Content	80%	20%		
Relevance for Inservice Education	80%	20%		
Usefulness for Parents	80%	20%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	50%	50%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Medications for Children with Emotional/Behavioral Problems

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Stimulants and the Child with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	80%	20%*		
Technical Accuracy	80%	20%*		
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

*Revisions made to reflect these concerns

Objective Stem: Other Medications Used to Treat Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	80%	20%*		
Usefulness for Educators	100%			
Scope of Content	80%	20%*		
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

*Revisions made to reflect these concerns

Objective Stem: Monitoring of Medication Effects

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	80%	20%		
Usefulness for Parents	80%	20%		
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	60%	40%*		
Potential as Group Program	80%	20%		
Attractiveness	100%			

*Revisions made to reflect this concern

Objective Stem: Ethical and Legal Concerns Regarding the Medication of Children with ADHD

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

Objective Stem: Collaborative Roles in the Medication Process

	Acceptable as Is	Satisfactory	Needs Work	Unacceptable As Is
Clarity in Writing	100%			
Organization of Content	100%			
Relevance for Inservice Education	100%			
Usefulness for Parents	100%			
Usefulness for Educators	100%			
Scope of Content	100%			
Technical Accuracy	100%			
Potential as Self-Instruc. Program	80%	20%		
Potential as Group Program	100%			
Attractiveness	100%			

Appendix D

State and National Dissemination Activities

DISSEMINATION ACTIVITIES

Presenter(s)	Activity
Elliott, Linkous, Patterson, Worthington	February, 1993 Attention deficit disorders: A call for critical input for inservice education. 1993 Alabama CEC Super Conference, Birmingham, AL
Worthington	March, 1993 Intervention Strategies for Children with Attention Deficit Disorders, 1993 Alabama Division for Learning Disabilities and Alabama Council for Children with Learning Disabilities, Perdido Beach, AL
Worthington, Patterson	June, 1993 Project Facilitate ADHD: An Inservice Education Program for Educators and Parents. AL Livingston Workshops Tuscaloosa, AL
Worthington, Patterson	July, 1993 Project Facilititate ADHD: An Inservice Education Program for Educators and Parents. AL Livingston Workshops. Tuscaloosa, AL
Worthington	July, 1993 Washington DC ADD Project Co-Directors Meeting
Worthington, Elliott, Patterson, Linkous	July, 1993 Field-Testing; School-Based Teams Meeting
Patterson, Linkous, Worthington, Elliott	November, 1993 Project Facilitate ADHD: An Inservice Education Program for Educators and Parents. Regional Council for Children with Behavior Disorders Conference. Perdido Beach, AL
Elliott, Worthington, Linkous, Patterson	November, 1993 Project Facilitate ADHD: An Inservice Education Program for Educators and Parents. International Teacher Education Division Conference, Orlando, FL

Worthington	December, 1993 Multimodal Intervention for Young Children w/Attention Deficit Hyperactivity Disorder. International Division for Early Childhood Education. San Diego, CA
Elliott, Linkous, Patterson, Worthington	February, 1994 What Not to Do with Students w/ADHD: Alternatives to Screaming, Aversives and Suspension. 1994 AL CEC Super Conference. Tuscaloosa, AL
Worthington	February, 1994 Multimodal Intervention for Young Children with ADHD. 1994 AL CEC Super Conference. Tuscaloosa, AL

EVALUATION AND DISSEMINATION PLANS

(a) Pre-and Posttest Data Collection in Terms of Number of Content Objectives Met and Attitudinal Changes by Total and Individual Groups

(b) Data to be Collected in Terms of Quality, Utility, Accuracy, and Comprehensiveness of the Manuals by Total and Individual Groups

(c) Data to be Collected in Terms of Implementation of the Inservice Education

(d) Six Month Follow-Up Data to be Collected in Terms of Quality, Utility, and Degree of Implementation of Various Aspects of the Manual

(e) Qualitative Data Collected during On-Site Technical Assistance Visits

(f) Review of the Related Literature & Other Sources

(g) Manual Revisions Based on Evaluation and Literature Reviews

(h) Evaluation Feedback Collected from Project Advisory Committee

STATE AND NATIONAL DISSEMINATION

* Manuals Disseminated to all School-Based Teams Participating in the Project

* Professional Conferences/Presentations

1994-95 Year: TED Conference; National CEC; Alabama CEC; Head Start Conference; Regional CCBD Conference; Regional DLD Conference

* Notification of Project Activities to Families, Pediatricians, and Social Service Agencies in Alabama

* Professional Publications

Journal Articles and Newsletter

* Notification to All State Departments of Education

* National Clearninghouses (e.g., ERIC/OSEP)

Several documents have been included in appendices to assist the reader. Appendix A includes a list of project staff and the Project Advisory Committee. Appendix B includes a sample Manual Content Evaluation form. These forms were completed by Advisory Committee members for each manual and the information used to revise the first printed draft of manuals for field testing. Appendix C includes a list of the goals for each manual as derived from a state-wide needs survey and approved by the Project Advisory Committee. Appendix D includes an inservice education activity organizer form. This planning form was designed to be used with each manual.

Appendix E

Additional School Sites

1994-1995 School Sites

Attended July 14, 1994 Inservice Education

1. West End Elementary
   Albertville, Alabama

2. A. M. Windham Elementary
   Daleville, Alabama

3. Elba Elementary School
   Elba, Alabama

4. Highlands Elementary
   Huntsville, Alabama

5. Knox Elementary
   Selma, Alabama

6. Zion Chapel Elementary
   Jack, Alabama

7. Robinson Springs Elementary
   Millbrook, Alabama

8. Moundville Elementary
   Moundville, Alabama

9. South Lamar Elementary
   Vernon, Alabama

10. Danville Elementary
    Danville, Alabama

11. Iola Roberts Elementary
    Pell City, Alabama

12. Lincoln Elementary
    Lincoln, Alabama

13. Walker Elementary
    Northport, Alabama

Additional 1994-95 Schools/Systems to Participate in the Inservice Education Program in January, 1994

1. Calhoun County
   Anniston, Alabama

2. Big Springs Lake Elementary
   Albertville, Alabama

3. Alexander City Schools,
   Alexander City, Alabama

4. Homewood City Schools
   Homewood, Alabama

5. Muscle Shoals City Schools
   Muscle Shoals, Alabama

6. Chambers County Schools
   Lanette, Alabama

7. Coosa County Schools
   Rockford, Alabama

8. Chalkville Elementary Schools
   Birmingham, Alabama

9. Birmingham City Schools,
   Birmingham, Alabama

10. Jefferson County Schools
    Birmingham, Alabama